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ABSTRACT

In 1999, South Carolina's First Steps to School Readiness was launched as a comprehensive early childhood initiative to improve children's school readiness by improving the efficiency and coordination of existing services to children from birth to age 5 and their families, and by providing new services where gaps are identified. A legislatively mandated external evaluation focused on the first 3 years of the statewide initiative and included key accomplishments, challenges, and directions for further steps in the areas of administrative structures and collaborative processes, fiscal information, early education, child care, parenting/family strengthening, child health, other programs, and data reporting and evaluation. Main findings of the evaluation include the following: (1) all of the administrative structures legislatively mandated are in place; (2) First Steps adhered to a set of research-supported guiding principles; (3) programs of each type called for in the legislation have been implemented; (4) there was substantial county variation in programs selected for implementation; (5) program quality varied across and within counties; (6) First Steps is engendering a "culture of accountability" regarding expenditures and program implementation; and (7) First Steps has fostered collaboration and built capacity at the state and county levels to enhance services for young children and their families. Recommendations include increased focus on program quality, development of mechanisms to share experiences across counties, continuation of improvements in administrative procedures and requirements, and adequate resources to sustain First Step efforts and to strengthen the quality of programs, data collection, and administration. (Data tables and figures are appended. In addition to the full report are an executive summary and a report providing county profiles. Contains 107 references.) (KB)

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First Steps and Further Steps

Early Outcomes and Lessons Learned from South Carolina's School Readiness Initiative

1999-2002 Program Evaluation Report

Executive Summary

SOUTH CAROLINA
FIRST
STEPS
Getting children ready for school.

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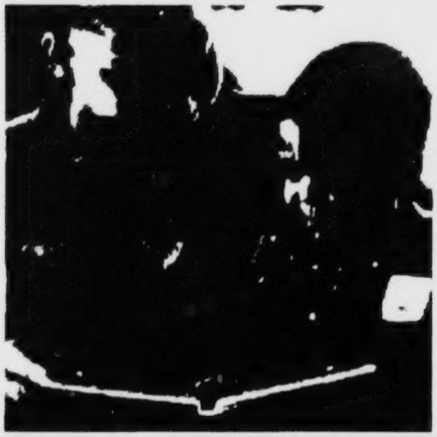

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Preface

The law creating First Steps not only provided for the establishment and enhancement of services directed toward young children and their families, it also established an evaluation process for monitoring and improving the effectiveness of the First Steps program. Under the law, an evaluation of the program effectiveness of First Steps is to be conducted by an external evaluator, and an evaluation report is to be provided to the South Carolina General Assembly every three years. The legislation also stipulated that the external evaluation be supervised by a three-person committee with two committee members to be appointed by the General Assembly and one by the First Steps Board of Trustees. The members of the three-person committee have worked with the First Steps Board of Trustees and the Office of First Steps to oversee the external evaluation.

The First Steps Board of Trustees contracted with Child Trends to conduct the external evaluation. Child Trends is a nonprofit, nonpartisan research organization in Washington, D.C. that focuses on research and statistics on children and families. The three-person committee has worked closely with Child Trends researchers to ensure that the evaluation is impartial, comprehensive, and instructive, and we endorse this report as having all of these qualities. We appreciate the cooperation of the many groups which have contributed to this evaluation. We have enjoyed excellent working relationships with Child Trends, the First Steps Board of Trustees, the Office of First Steps, and with the county staff, board members, and service providers.

The evaluation focuses on the first three years of First Steps, a period which was dominated by the process of developing and implementing a major statewide initiative. The report includes key accomplishments, challenges, and directions for further steps. We hope that all involved in this initiative to improve the readiness of our children to succeed in school will find the report useful as a guide to the future.

Members of the Three-Person Committee:

David Potter
Susan Shi
Dexter Cook

Abstract

On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country with the aim of improving children's school readiness. The initiative seeks to accomplish this task by improving the efficiency and coordination of existing services to children ages zero to five and their families, and by providing new services where gaps are identified.

The purpose of this report is to fulfill the legislative mandate for an external evaluation of the initiative to be reported to the legislature on January 1, 2003.

Goals of the First Steps Initiative and Focus of this Evaluation

The First Steps initiative has five goals, as specified in Section 59-152-30 of the legislation. They are:

1) Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
2) Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
3) Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
4) Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
5) Mobilize communities to focus efforts on providing enhanced services to support families and their young children to enable every child to reach school healthy and ready to learn.

Collectively, these goals indicate that all young children in South Carolina and their parents should have access to services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the most needy population of young children in South Carolina is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina's children and to address the needs of at-risk young children and their families.

The programs implemented by First Steps were generally operational for less than a year during the period the present evaluation covers. Consequently, this first evaluation report is an implementation evaluation of First Steps in its first three years of activities. The evaluation is an investigation of whether First Steps is "doing the right things in the right ways for the right people." That is, has First Steps identified research-based best practices (i.e., the "right things") and implemented them effectively (i.e., the "right ways") to serve the populations for which they were intended (i.e., the "right people")?

Findings and Conclusions

- All of the administrative structures called for by the legislation (i.e., State Board of Trustees, County Partnership Boards, and State Office of First Steps) are in place. It was a significant challenge to establish all 46 County Partnerships simultaneously. Indeed, it took approximately two years to establish all necessary administrative structures and to conduct county-level needs and resources assessments and strategic planning. Consequently, programs had been serving children and families for at most a year, and in many cases for shorter periods of time during the period covered by this evaluation. The evidence indicates that all administrative structures are now fulfilling their mandated functions.
- First Steps adhered to a set of guiding principles that are supported by research in early childhood development. These principles include:
  - Focus on the whole child;
  - View school readiness as a multidimensional construct;
  - Provide supports for all children;
  - Emphasize community mobilization and collaboration;
  - Provide an array of services;
  - Coordinate services;
  - Follow best practices;
  - Meet specific needs within communities;
  - Emphasize fiscal responsibility; and
  - Require accountability for efficiency, effectiveness, and readiness results.

It is noteworthy that the initial set of principles has not remained hypothetical, but has been drawn upon to guide the actual implementation of the First Steps initiative.

- Programs of each type called for in the legislation have been implemented. Out of total spending at the county level, 37 percent was spent on early education programs, 25 percent on parent education and family strengthening programs, 17 percent on child care programs, and 5 percent on health, transportation and other programs.
- There was substantial variation among the counties in the programs they selected to implement. This is reflected in County Partnerships' strategic plans and spending allocations, and confirms County Partnerships' focus on local needs. However, in some cases, obstacles delayed or prevented the implementation of all planned strategies. This was a particular problem for health strategies.
- In this early period of program implementation, there is evidence that the quality of programs varies both across and within counties. For example, the Program Effectiveness Reports (which provide program implementation information for nearly all First Steps-funded programs) frequently called attention to the need for additional staff training or

expertise. Specific resources were also identified as lacking in some counties (e.g., transportation, qualified bilingual staff, and qualified health professionals).

- First Steps is engendering a "culture of accountability" regarding expenditures and program implementation.
    - Fiscal resources are being adequately tracked within a fiscal management system. There is ongoing and detailed reporting of expenditures.
    - Activities for nearly all programs (350 out of 351) carried out throughout the state were outlined in Program Effectiveness Reports. These reports, while providing an important "window" into First Steps-funded programs, were of varying levels of completeness and quality.
    - The system for tracking the number of children and families served is still evolving. Reasonable estimates were only available for some program types. Efforts are now underway to improve regular reporting of children and families served and services provided. This is an essential step.
- First Steps has fostered collaboration and built capacity at the state and county levels in a way that should enhance services for young children and their families. This was a high priority in the legislation. There are numerous examples at the county level of programs and agencies working in closer coordination, of efforts to improve referral networks, and of joint initiatives by agencies or organizations to improve services for young children and their families. At the state level, First Steps has contributed to such collaborative initiatives as the Child Care Coordinating Council.

Recommendations

- Now that programs are taking root, there is a need for increasing focus on program quality. Many specific recommendations for enhancing program quality are detailed in the evaluation report and are summarized in the Executive Summary.
- Efforts should be made at the state level to provide advice and assistance on widely encountered challenges in program implementation. There were certain challenges that affected many counties, such as supplantation issues for health programs, lack of transportation, and lack of qualified staff.
- Mechanisms are needed to share experiences across counties so that what has been learned in one county can inform efforts in others. Counties have learned a great deal in implementing programs and have indicated a desire to interact on a regular basis.
- Improvements in standardization and clarity of administrative procedures and requirements should continue. A procedures manual in fiscal management has proven very useful, and such manuals should be developed for other areas.
- There should be continued training for Executive Directors and County Partnership Board members. Substantial investments have already been made in training and technical assistance, but there are ongoing requests for training in specific areas, especially in the fiscal area.

- Continue to strengthen and streamline data collection at all levels. While the fiscal reporting system appears to be adequate for tracking fiscal resources, ongoing program implementation needs to be monitored with streamlined Program Effectiveness Reports. Also, the system recently put into place for tracking family and child receipt of services needs to be closely monitored. In order to insure consistency in the data collected by counties, specifications for each item recorded need to be developed. In particular, unduplicated counts need to be available for the next evaluation report.
- As programs mature, it will be critical to turn to the formulation of an outcomes evaluation focusing on children's school readiness. Guidance will be needed in determining appropriate outcome measures to be used. In particular, careful attention is called for in the selection of child assessments to be used within individual programs and in a statewide evaluation. For a statewide evaluation, if budgets do not permit a state representative sample using direct child assessments, caution will be needed concerning the use of the South Carolina Readiness Assessment (SCRA) data for purposes other than its original intent.
- As First Steps programs become more mature and child outcomes related to school readiness become available, the information on outcomes should be used to guide program choice. That is, only programs that are shown to be effective in promoting school readiness should be sustained in future years.
- Adequate resources will be needed to sustain First Steps efforts and to move forward in terms of strengthening the quality of programs, data collection, and administration of the initiative. Spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. A review of spending per young child and per young child in poverty needs to be carried out in order to develop reasonable expectations for how much First Steps can contribute to children's school readiness. Such a review will also be central in determining what can be accomplished in strengthening the First Steps initiative in the ways noted in this evaluation.

Executive Summary

Introduction

On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country. The legislation called for an external evaluation of the initiative to be reported to the legislature on January 1, 2003.

This Executive Summary begins by providing an overview of the goals of the South Carolina First Steps to School Readiness initiative, the goals of this evaluation report, and an overview of the characteristics of the young children and families in the state to whom the initiative is addressed. It then provides a summary of key accomplishments, challenges faced, and recommendations in each area reviewed in the full report:

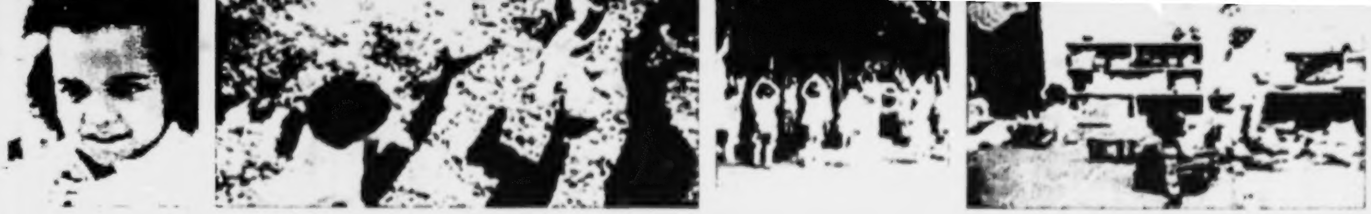
- Establishment of administrative structures and collaborative processes called for in the legislation;
- Overview of fiscal information for First Steps, with a focus on the 2001-02 fiscal year;
- Programs developed by First Steps in the areas of early education, child care, parenting and family strengthening, health and other categories;
- Recommendations for First Steps' further steps.

Goals of the First Steps Initiative and Focus of this Evaluation

First Steps is intended to improve the school readiness of children ages zero to five in South Carolina. The initiative seeks to accomplish this task by improving the efficiency and coordination of existing services for these children and their families, and by providing new services where gaps are identified.

As mandated by legislation, the South Carolina First Steps to School Readiness Board of Trustees and the Office of South Carolina First Steps to School Readiness (Office of First Steps) were established at the state level to oversee the initiative and provide technical assistance regarding its implementation. County Partnership Boards in each of the state's 46 counties were called upon to perform an assessment of county needs and resources, to create a strategic plan for programs tailored to meet local needs, and to oversee the implementation of funded programs. The State Board of Trustees and County Partnership Boards include representation from a range of sectors, including agencies serving children and families, members of the state or local legislatures, schools, parents with young children, child care and other service providers, early childhood educators, the business community and the transportation sector. The range of individuals and organizations represented on the State Board of Trustees and County Partnership Boards is intended to foster communication and collaboration among those concerned about and serving young children and their families. Increasing communication and collaboration at both the state and county levels are seen as central to identifying gaps and duplication as well as strengthening services.

As noted by Holmes (2002b) in his report on First Steps' statutory requirements, there are several hallmarks to the First Steps initiative noted in the legislation. One is that it supports school readiness by increasing and improving the coordination of services to young children and their families (Section 59-152-20); second it requires that "collaboration, the development of partnerships, and the sharing and maximizing of resources are occurring before funding for the implementation/management grants...are made available" (Section 59-152-21); and third it requires strong accountability of practices, both fiscal (Section 59-152-150) and programmatic (Section 59-152-160). Accordingly, the contents of this evaluation detail the activities conducted over the first three years of First Steps in establishing the administrative structures required



by the legislation and launching programs for young children and their families. The report also addresses the collaborative efforts undertaken to enhance services.

Although the legislation suggests that child and family outcomes should be the focus of each evaluation report provided for First Steps, evaluation researchers strongly recommend that newly established initiatives direct attention first to evaluating whether programs were implemented in the manner suggested by practice information. This is especially the case if programs were put in place so recently that they are in an initial implementation phase. Studying the effects of a program that is early in the process of becoming established can underestimate effects. The programs implemented by First Steps were generally operational for less than a year during the period the present evaluation covers. Consequently, this first program evaluation report is an implementation evaluation of First Steps in the first three years of activities.

We characterize this initial program evaluation as an investigation of whether First Steps is "doing the right things in the right ways for the right people." That is, did First Steps identify research-based best practices (i.e., the "right things") and implement them effectively (i.e., the "right ways") to serve the appropriate populations for which they were intended (i.e., the "right people")? Each prevalent program strategy implemented in South Carolina as part of the First Steps initiative was reviewed, along with what is known about best practices for that strategy, with substantial guidance from Effective Practices Reports prepared for the evaluation (Brown and Freeman, 2002; Brown and Swick, 2002; Learner, Leith, & Murday, 2002; Marsh 2002). We describe how the strategies were actually implemented in South Carolina, and compare actual implementation with best practices. This report also includes recommendations for the future.

The primary purpose of this and subsequent evaluations of First Steps is to assess progress toward achieving First Steps goals (Section 59-152-160). Section 59-152-30 of the First Steps to School Readiness legislation contains the following goals for First Steps:

1) Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
2) Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
3) Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
4) Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
5) Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn.

Collectively, these goals indicate that all young children in South Carolina and their parents should have access to services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the most needy population of young children in South Carolina is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina's children and to address the needs of at-risk young children and their families.

This set of goals also suggests the types of program strategies that should be included in the First Steps initiative. Specifically, programs should focus on providing parenting support, health services, and high quality early child care and education opportunities. Indeed, the most prevalent program strategies adopted by County Partnerships included 4-year-old kindergarten (4K), summer enrichment, child care, parenting/family strengthening programs, and health programs. In addition, according to Section 59-152-100(A), the coordination, accessibility and affordability of transportation were to be targets of service within First Steps.

Setting the Context for First Steps: Young Children and Their Families in South Carolina

In 2000 there were over 239,000 families with children under age six in the state of South Carolina, and a total of 318,543 children in that age group. Some groups of young children are at higher risk of being less than fully prepared for school. These include, for example: children living in poor families (20.1 percent); those born to single mothers who lack a high school degree (14.4 percent); those born with low birth weight, or less than 5.5 pounds (9.7 percent); and those who are not fully immunized (13.3 percent of 2-year-olds). Some counties have much higher percentages of children at risk. Poverty rates for children under age six, for example, ranged from as low as 12 percent to nearly one half (48.8 percent).

We turn now to an overview of accomplishments, challenges, and recommendations for the First Steps initiative and the programs it is launching. This executive summary provides an overview of conclusions and recommendations from the full report regarding (1) administrative structures within First Steps; (2) fiscal information; (3) the major programs launched by First Steps in this early period of program implementation; (4) needs for ongoing data collection and for the development of an outcomes evaluation; (5) and resources available to the initiative.

Administrative Structures and Collaborative Processes

Overview

As mandated by the legislation, the South Carolina First Steps to School Readiness Board of Trustees and a state Office of First Steps were established to oversee the initiative and provide technical assistance regarding the implementation of the First Steps initiative at the state and county levels. The legislation also called for the development of 46 First Steps County Partnership Boards to implement the First Steps initiative (see overviews of First Steps history and statutory requirements in background papers prepared by Holmes, 2002a; 2002b). The County Partnerships each established a local county First Steps office to help coordinate and oversee the implementation of the initiative. As envisioned by the legislation and noted by Andrews (2002) in her Effective Practices Report: *Community Capacity Building, Collaboration, and Services Integration*, the administrative structure of First Steps has facilitated collaboration in the provision of services for young children and their families.

Key Accomplishments

- The administrative bodies are carrying out all assigned functions as mandated in the legislation.
- Each of the administrative bodies has devoted a considerable amount of time and resources to developing infrastructure and leadership at the state and county levels to implement First Steps.
- In the last three years, the Office of First Steps has worked intensively to develop systems and procedures to administer First Steps at the county level.
- The Office of First Steps, through its Technical Assistants, has acted as a facilitator to counties in the various stages of design and implementation of their strategic plans.
- The formation of the Board of Trustees and the County Partnership Boards helped to bring the key stakeholders together to discuss ways to maximize resources and to address gaps in services provided to young children and their families. In addition, the formation of the two boards provided a context in which collaborations across agencies and organizations were more likely to occur.

- The Board of Trustees and the County Partnership Boards have worked closely with the Office of First Steps to accomplish mandated functions, as well as establish goals and objectives for First Steps at the state and county level.

Challenges and Further Steps

- The Office of First Steps may want to consider increasing the number of regional and statewide meetings among counties. Executive Directors frequently called for regional meetings to share experiences and to collaborate.
- A major investment has been made in strengthening skills and providing technical assistance so that County Partnership Boards can carry out their functions. Trainings and technical assistance continue to be essential to the County Partnership Boards' ability to carry out their roles and responsibilities and function effectively.
- A procedures manual for the fiscal accountability system has proven extremely useful. Manuals for other areas of administrative functioning would be helpful in providing information and standardizing practices.
- It may be fruitful to consider ways to augment the current Technical Assistant position. Currently, Technical Assistants are assigned to specific counties. In this capacity, they provide assistance in a wide range of areas. Yet different Technical Assistants have particular expertise in different areas (e.g., fiscal, legislative, contracts, data collection, programmatic). There is a need to find ways to draw upon the different areas of expertise of the Technical Assistance staff while preserving the linkages between particular Technical Assistants and counties.

Fiscal Information

Overview

Total spending on First Steps in fiscal year 2001-02 was $41,634,305. Of this total, $39,177,091 was spent on county program and county administrative costs. County spending came from five sources: the state allocation ($30,593,371), state private contributions ($418,472), county cash matches ($62,523), county in-kind matches ($8,058,809), and federal cash matches ($43,917). The remaining costs, $2,457,214, were incurred by the state Office of First Steps for program-related contracts ($675,387) and administration ($1,781,827). Thus, spending by the state Office of First Steps was 5.9 percent of total fiscal year 2001-02 spending.

Although spending by the state Office of First Steps increased each year, its share of total First Steps spending decreased from 65.4 percent in fiscal year 1999-2000 to 5.9 percent in fiscal year 2001-02, as total First Steps spending increased from $2.2 million in fiscal year 1999-2000 to $41.6 million in fiscal year 2001-02.

Key Accomplishments

- The fiscal information system permits a clear overview of spending in different program areas. At the county level, out of total spending of $39,177,091, 37 percent was spent on early education initiatives, 25 percent on parent education and family strengthening initiatives, 17 percent on child care initiatives, 7 percent on county office-based programmatic functions, 2 percent on health initiatives, and 3 percent on other program initiatives, including transportation.
- In keeping with a goal of developing program strategies in light of local needs and resource assessment, there was substantial variation among the counties in how they divided their total spending across the eight types of programs. For

example, although statewide, the percentage of spending on early education initiatives was about one-third, the percentage spent by individual counties varied from less than 1 percent in three counties to over 70 percent in three other counties. Similarly, while statewide, the percentage of spending on parent education and family strengthening initiatives was 25 percent, the percentage spent at the county level ranged from 0 percent in three counties to 50 percent or greater in four counties.[1] There were similar differences across counties for other programs.

- All counties met their fiscal year 2001-02 matching contribution with a statewide matching rate of over 28 percent—substantially exceeding the 15 percent requirement.

Challenges and Further Steps

- County administrative spending funded by the state allocation totaled $2,816,000 or 9.2 percent of county spending of their allocations from the state in fiscal year 2001-02. This latter figure exceeds by 1.2 percentage points the 8.0 percent cap set for each county for administrative spending out of the state allocation. This overage is, in part, due to a slow start up of programs, which caused total First Steps spending to fall short of planned spending. It is likely that this is a problem specific to the period of program start-up. However, this should be confirmed with ongoing monitoring of administrative spending.
- In interviews with Executive Directors, 46 percent reported that they would like to have more training in fiscal monitoring. The Office of First Steps should consider providing additional training of Executive Directors in budgeting and fiscal management skills.

We turn now to focus on the launching of First Steps programs in each of the four most prevalent program areas funded: early education; child care; parenting and family strengthening; and health. For each area, we provide an overview of First Steps programs, note key accomplishments, briefly summarize best practice information, and indicate recommendations for the future. We also provide a brief overview of programs funded beyond the four major types. The reports of the Effective Practice Experts in each program area were an important source of information on best practice and First Steps programs in each area (Brown & Freeman, 2002; Brown & Swick, 2002; Learner et al., 2002; & Marsh, 2002). Program Effectiveness Reports were reviewed for nearly every First Steps program (Andrews & Sheldon, 2002). In addition, site visits were conducted to 23 programs in 17 counties across the state. Interviews with Executive Directors and county and state documents (e.g., annual reports) also served as valuable sources of information on First Steps programs.

Early Education: Four-Year-Old Kindergarten (4K) and Summer Readiness

Overview

First Steps supported early education programs in 40 counties, primarily through expanding four-year-old kindergarten (4K) classes from half-day to full-day, and adding new full- and half-day classes. A few counties also supported classes for children younger than age four. Most of these programs were operated through public schools; others were expanded Head Start programs. Summer readiness programs were also implemented in 29 counties. These were typically designed for children transitioning from kindergarten (5K) to first grade, but some also included four-year-olds transitioning to 5K.

Key Accomplishments

- There was a substantial increase statewide in the capacity for 4K and summer readiness programs in fiscal year 2001-02. Approximately 3,380 children participated in new or expanded 4K or other school-year preschool programs, and approxi-

[1] Due to coding errors and changes to the coding system that occurred during fiscal year 2001-02, these statistics should be viewed with caution.

mately 4,248 children attended First Steps-supported summer readiness programs.

- First Steps programs were designed to follow best practices for early education, and most (especially the 4K programs) followed one of the developmentally appropriate curricula recognized by the State Department of Education, including High/Scope, Creative Curriculum, and Montessori.
- Parent satisfaction with the 4K programs was very high across the state.

Best Practices

An examination of First Steps programs in light of what is known about best practices in early education indicates that:

- Group sizes and adult:child ratios in First Steps 4K classes conformed to recommendations by the National Association for the Education of Young Children. Two adults ran classes: a lead teacher and a classroom assistant. With only two exceptions, class sizes were capped at 20, resulting in adult to child ratios of 1:10.
- The majority (87 percent) of First Steps programs were new full-day classes or half-day classes extended to full-day, conforming to current understanding of best practices.
- In public school settings, approximately 60 percent of teachers had a Bachelor's degree and a credential in early childhood education; approximately 31 percent had a Master's degree and an early childhood education credential; only 9 percent held an elementary education, rather than early childhood education, credential. All Head Start lead teachers for whom information was available had Associate's degrees in early childhood.
- Head Start classroom assistants are required to have post-high school education in child development. Public schools have not required training beyond high school for assistants, although such requirements are currently being phased in by the State Department of Education. Among the public school assistants for whom information was provided, approximately one-fourth reported some education beyond high school. These data suggest that there is room for improvement in the area of educational and training requirements for assistants.
- Almost all First Steps 4K programs used standard, developmentally-appropriate curricula designed for young children, with High/Scope being selected most frequently. Many programs may not have fully implement these curricula, however. Some deviations were planned, based on local assessments of the needs of the children in the community. However, in some programs teachers were not able to complete curriculum training prior to implementation, and the type and amount of training received differed considerably across programs.
- The extent to which First Steps summer readiness programs followed best practices was uneven. Class sizes tended to be small, allowing more individualized attention to students. Most of the teachers were school teachers during the regular academic year, and most were certified in early childhood education. The majority of programs were of reasonably long duration and intensity, running for four or more weeks, either four or five days per week, and for four or more hours per day. However, few programs had sufficient time for planning in order to ensure that developmentally appropriate curricula, demonstrating continuity with school-year practices, could be implemented.

Challenges and Further Steps

- Training opportunities for teachers should be expanded in order to improve their abilities to implement developmentally appropriate curricula. Classroom assistants should be included in training opportunities as well. The State Department of Education requirement that is being phased in to require classroom assistants to have an

Associates' degree, preferably in early childhood education, is a positive step in this direction.

- Increased efforts should be made to encourage systematic evaluations of children's progress, using measures that are age-appropriate, that tap a range of skills and abilities, and that are sufficiently sensitive to change so that program contributions can be detected.
- All aspects of summer readiness programs should receive more attention. Programs are likely to be more effective if they are better-integrated into general planning for early education, allowing greater coordination with school-year programs and more time for curriculum planning and teacher training. The relative brevity of these programs makes it more essential to have well planned programs that have specific and reasonable goals for children's learning and development.
- There is a need for evaluations of variations in 4K and summer readiness programs. The variations that currently exist across the state provide an excellent opportunity for systematic studies on the effects of factors such as duration and intensity, content/curriculum planning and implementation, teacher and assistant training, and timing of programs.

Child Care

Overview

In an effort to improve the quality of child care provided to South Carolina's children in centers and formal home-based settings and to support families' ability to afford quality child care, 44 County Partnerships chose to use First Steps funds to implement child care-related strategies.[2] County Partnerships primarily implemented three types of strategies: quality enhancement grants, staff training and professional development, and child care scholarships for low-income families. The overwhelming majority of these programs had been in place for less than a year as of June 30, 2002, and many operated for less than six months during fiscal year 2001-02. The approaches used by the County Partnerships were often innovative, something that was sometimes necessary, especially in the area of quality enhancement, because little research has been conducted on the best ways to go about achieving improvements in child care quality. The County Partnerships' strategies, therefore, represent pioneering efforts in improving a state's child care quality.

Key Accomplishments

Quality Enhancement Initiatives

- 33 County Partnerships awarded quality enhancement grants to child care providers. All of the initiatives included some degree of technical assistance in using the funds and making improvements, as well as monitoring of grantees' use of the funds. In an additional five counties, quality enhancement initiatives were undertaken that did not involve the awarding of grants. Instead, child care providers applied for, and were accepted to receive, technical assistance as well as materials or supplies. Therefore, a total of 38 counties implemented a quality enhancement initiative.
- In the 33 counties that awarded quality enhancement grants, a total of 470 child care providers received grants.[3] Individual grant amounts ranged from $500 to $11,500. In the five counties where child care providers were offered technical assistance and materials (but not grants), a total of 142 child care providers were involved.

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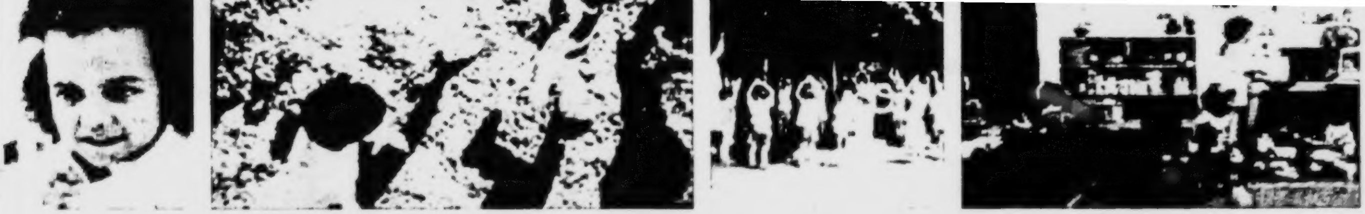
[2] The remaining two County Partnerships implemented strategies that involved their counties' child care communities, although they were not classified as child care strategies (one was a library program; the other was a health strategy).

[3] This total does not include the number of child care providers who received grants in one county as the PER for that county reported the number of classrooms (44), rather than the number of child care providers.



Therefore, a total of 612 child care providers were involved in County Partnerships' quality enhancement initiatives.

- 38 of the grantee child care providers improved their status by becoming licensed, ABC Enhanced (through the Advocates for Better Care program), or accredited by the National Association for the Education of Young Children (NAEYC) by June 30, 2002. Given that many grants were in place for six months or less, this is an encouraging initial trend.
- In almost all of the counties where quality enhancement grants were awarded, funds were used to purchase materials, supplies, or equipment. In about half of the counties, the strategies included professional development activities, such as mandatory training sessions organized by the County Partnerships or incentives or encouragement for caregivers to enroll in the Teacher Education and Compensation Helps (T.E.A.C.H.) program. Other activities included improvements in health and safety features of the environment, and facility enhancements.

Staff Training and Development

- 12 counties offered training for caregivers separately from training that may have been required of child care providers who received quality enhancement grants or technical assistance. Most of the programs offered training sessions from which caregivers could pick and choose (e.g., on health/safety; relationships and interactions with children; children's growth and development; early literacy). In some of the counties, training sessions were certified by the Department of Social Services, so caregivers could attend them to fulfill the hours necessary for licensure. Sessions were taught by instructors from local technical colleges or by child care experts hired by the County Partnerships.
- Two County Partnerships with training initiatives separate from quality enhancement initiatives collaborated with the Teacher Education and Compensation Helps (T.E.A.C.H.) program to encourage child care providers to attain more formal education.

Child Care Scholarships

- 24 County Partnerships used First Steps funds to provide child care scholarships to low income families. The majority of the scholarship funding for families began after January 2002, but families will continue to receive funding for a full year. A total of 686 children across the state received First Steps funded child care scholarships.
- 14 County Partnerships' scholarship programs were administered by South Carolina Department of Health and Human Services as an extension of the ABC voucher system. The remaining ten County Partnerships chose to administer scholarships themselves. Families who received First Steps-funded scholarships had to choose child care providers who were ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or working to become ABC Enhanced through the ABC program or through County Partnerships' quality enhancement initiatives.

Best Practices

Quality Enhancement Initiatives

A great deal of research has been conducted on child care quality (Vandell & Wolfe, 2000). Research has identified elements of quality child care and has also revealed associations between the quality of child care and child development. However, little research has been conducted evaluating and comparing strategies for improving the quality of child care. First Steps quality enhancement initiatives appeared to be pioneering strategies. For example, in site visits to two counties with intensive quality enhancement initiatives, a sequence was articulated for such work, beginning with a focus on improving equipment and educational materials (books, toys) within a child care facility, progressing to a focus on curriculum and activities, and then to the quality of caregiver-child interaction. Program Effectiveness Reports indicated that in many quality enhancement initiatives there was a focus on equipment and materials. A key question appears to be whether work with child care providers within quality enhancement initiatives will regularly progress to a focus on curriculum and activities as well as the quality of caregiver-child interaction.

Staff Training and Development

The education level and training of caregivers is related to the quality of child care they provide. A key question is whether caregivers should have formal degrees, or whether receiving some amount of training is enough to make a difference in the quality of care they provide. Marsh (2002) notes the importance of education as well as training, and suggests that First Steps' staff training and development efforts should encompass not only training through workshops on specific issues, but also encouragement to complete formal education. At present, a substantial portion of staff training and development within First Steps is occurring through training rather than formal education.

Child Care Scholarships

Funding for child care through child care subsidies can support child well-being by contributing to families' economic well-being and by exposing children to stimulating and supportive early childhood care and education settings. A key issue is that of the quality of child care for which the subsidy is used. In South Carolina, though steps are taken to assure parental choice for the full range of child care settings, families that receive First Steps-funded child care scholarships must use them in child care that is ABC Enhanced, equivalent to ABC Enhanced, or working to become ABC Enhanced (either by participating in the ABC program or a County Partnership's quality enhancement initiative). In light of the evidence on the linkages between child care quality for children's development, it is important that First Steps child care scholarships were used to pay for child care meeting certain quality requirements.

Challenges and Further Steps

- Efforts should be made to engage child care providers at differing levels of quality and in differing types of care in quality enhancement activities: below the level of ABC Enhanced as well as already at that level, and home-based as well as center-based care.
- Helping child care providers purchase equipment and materials was an appropriate first step for County Partnerships that implemented quality enhancement initiatives. It is important to assure that further aspects of quality (especially curriculum and activities, and caregiver-child interaction) will also be addressed.
- Child-staff ratio is an important element of child care quality, particularly for infants and toddlers. While child-staff ratio is very expensive to address, County Partnerships should address it to the extent possible among child care providers with ratios that substantially exceed recommended levels and who are not participating in other quality enhancement initiatives that might improve ratio (such as work towards accreditation).
- Plans for quality enhancement initiatives were more specifically formulated when County Partnerships hired or contracted with child care experts. In instances where the Executive Director does not have an extensive background in child care, County Partnerships may want to hire an outside expert to implement their quality enhancement initiatives.
- The monitoring of the progress of child care providers involved in counties' quality enhancement initiatives was highly variable across the counties. Gains should be measured and documented to show that First Steps initiatives are having an effect.

- County Partnerships should encourage child care providers to seek formal education and degrees in addition to participating in specific workshops.
- County Partnerships should track their training initiatives' attendance information carefully. They should track the number in attendance at each session, as well as the total number of caregivers served in the county (that is, they need to keep track of the number of caregivers who attended more than one session), and number of hours of training completed by caregivers.
- A noteworthy new effort to implement four-year-old kindergarten (4K) programs in private child care centers was recently undertaken in South Carolina. The effects of the initiative on the child care market should be monitored. In addition, it will be important to document what was required to assist child care providers in meeting the program requirements for 4K. Finally, how children in child care 4K programs fare in comparison to children in other 4K programs should be monitored over time.

Parenting/Family Strengthening

Overview

According to a recent comprehensive review of the developmental literature, a positive, consistent relationship between children and primary caregivers (usually the parents) is the foundation for children's cognitive and social development (National Research Council and Institute of Medicine, 2000). When parents are unable to provide a positive and consistent environment for the child due to economic, personal, or environmental circumstances, children's development is jeopardized.

Key Accomplishments

- In an effort to improve parenting skills and family resources, 44 County Partnerships funded a total of 97 parenting and family strengthening programs between 1999 and 2002.
- The majority of the programs were based on one of three nationally recognized models: Parents as Teachers (PAT), Parent Child Home (PCH), and Family Literacy, or some combination of these three models. In addition, four programs funded by County Partnerships focused on providing families with children's books or encouraging parent-child reading experiences, and five programs focused at least in part on providing parents with English as a Second Language (ESL) training.
- Through First Steps funding, parenting programs were able to serve additional families and children who would otherwise not have been served. Additional staff has now been trained in program models. Although two-thirds of the funded programs were extensions of existing parenting programs, due to the time it took to gain grant approval and funding, and then the additional time to hire and train new staff and recruit new clients, the majority of these programs were actually seeing clients for less than a year as of June 30, 2002. In fact, many First Steps-funded parenting programs operated for less than six months during fiscal year 2001-02, confirming that the parenting/family strengthening strategies were in the early phases of implementation during the first three years of First Steps.

Best Practices

Research on best practices in parenting/family strengthening can be summarized as follows (Brown & Swick, 2002; *Future of Children*, 1999):

- Only modest effects on child and family outcomes should be expected from home visiting models used alone. Furthermore, effects are only found for families that are highly engaged in home visiting programs.
- For best results, home visiting should be employed in combination with other, comprehensive services, especially services that directly

affect children (such as high quality early childhood care and education).

- Although Parents as Teachers is meant to be used with all families, more at-risk families may need intensive services (that is, higher dosages of home visits over a longer duration).
- Family literacy programs, which do combine direct services to children and adults, also do not produce significant effects for child outcomes unless families are highly engaged in the program, the curriculum is meaningful and useful, the staff is stable and capable, and the funding is adequate. Providing individualized home-based services may help increase family participation in group-oriented family literacy services.
- Family literacy programs that are created by combining existing programs and services will only be effective if the quality and coordination of those existing services is high.
- Parenting/family strengthening programs that employ a particular program model should adhere to that model if they hope to produce the intended results. That is, implementation must be true to the model.
- Staff characteristics and qualifications are of major concern. Staff influences both family engagement and the degree to which a curriculum is implemented as intended. Best practice suggests using professional staff, if possible.
- We do not know very much about the role of home visiting programs in rural areas where isolation may be a serious problem. In these circumstances, helping families, as needed, get services for serious problems in family functioning, such as risk of child maltreatment or domestic violence, may be particularly important.

Challenges and Further Steps

- First Steps' Parents as Teachers and Family Literacy programs were implemented with a high degree of variability with regard to target populations, duration of program, and intensity of program. Many programs deviated from the program models. Parent Child Home programs were likely to stick more closely to the program model with regard to intensity of home visits, but often augmented the model by adding additional elements.
- Staff had varying levels of education and prior experience coming into the parenting/family strengthening programs, but nearly all staff received the necessary training in a program model (if a model was being used) prior to seeing clients.
- Finding qualified bilingual staff to meet the needs of the Hispanic community was difficult in some areas of South Carolina. This is a particular challenge in need of some innovative solutions.
- Lack of adequate transportation was also a problem that hindered full participation in all aspects of parenting/family strengthening programs.
- Efforts are needed to strengthen the current parenting/family strengthening programs so that effects on family functioning and child outcomes are optimized. In order to accomplish this, it is important to focus on the following implementation and quality issues:
  - Improving recruitment efforts;
  - Matching the program model to the population served;
  - Monitoring dosage, intensity, and duration of services;
  - Engaging qualified staff;
  - Monitoring fidelity to the model, if a model is used; and
  - Using appropriate outcome measures, when the time is right.
- A further possibility for strengthening the potential outcomes of parenting and family strengthening programs for children is combining elements of these programs with high quality early childhood care and education.
- Many parent educators were responsible for creating their own referral resources. A final recommendation is that each county develop a comprehensive directory of services that can be used by

parent educators to help families connect with needed services.

Health

Overview

The South Carolina First Steps to School Readiness Initiative identified health-related factors as important contributors to school readiness. In South Carolina, a number of federal and state initiatives are already in place to address the health status of children. In considering First Steps health programs, it is important first to note that South Carolina has made progress in a number of ways in implementing best practices to address the health status of young children, both through national programs and through programs that the South Carolina Department of Health and Environmental Control has implemented. However, most of the services available are targeted for specific groups, such as Medicaid eligible families. First Steps provides an opportunity to create and expand state health strategies to improve the health status of children.

Key Accomplishments

Given the legislative requirements and limitations, 31 counties planned to implement 41 health strategies to address factors related to school readiness. However, 24 of the 31 counties were able to implement 33 programs during fiscal year 2001-02.

- Each of the 24 County Partnership Boards attempted to address at least one of the highlighted health care areas in the legislation, although the approaches taken to address health care needs varied widely. The most common approach was to implement health home visitation programs. Other programs included nutrition education, screenings, free prescriptions, free car seats, dental care, and technical assistance and educational activities for parents and child care providers.
- About two thirds (67 percent) of the health programs targeted children and families who were uninsured, non-Medicaid eligible. If duplication or potential supplantation was not an issue, most of the other programs were offered to all children and families.
- County Partnership Boards' close working relationships with local Department of Health and Environmental Control offices, and collaborative efforts within communities, have been important to the identification of the populations to target with health strategies and the effective implementation of health strategies.

Best Practices

In general, health strategies implemented through the First Steps Initiative matched well with best practices.

- Most health programs had well qualified staff. Seventy-six percent of the health programs implemented had a registered nurse on staff. Many of the nurses had public health backgrounds.
- Most programs planned to adhere to a clearly defined program model, such as the Department of Health and Environmental Control postpartum home visitation program. About half (55 percent) of health programs adhered to a home visitation program model.
- Many of the health strategies that were implemented incorporated efforts focused on connecting children and their families with medical homes, in order to create greater consistency in the receipt of health care services. For example, all home visiting programs incorporated such efforts.
- Health strategies also involved attempts to coordinate and provide comprehensive services by working with the Department of Health and Environmental Control, child care providers, and other services.
- However, few programs addressed childhood injuries, either unintentional or intentional. One exception was a County Partnership that distrib-

uted car seats and instructions on how to use them, in addition to working with 52 child care quality enhancement grantees to create customized health and safety plans for their facilities.

- Few programs addressed dental care. One County Partnership health strategy funded preventive dental care. The program trained pediatricians to do oral screening for children from birth to age three.

Challenges and Further Steps

- First Steps health programs were difficult to implement in this early phase of the initiative for a number of reasons—supplantation concerns, difficulties arranging letters of cooperation from partners, and difficulty recruiting qualified staff in some cases. Given these problems, many programs did not meet their implementation goals for the year, but most were moving toward full operation, sometimes with modified goals and procedures, by the end of the year.
- The First Steps initiative needs to evaluate, at the state level, the highest priority and most feasible health-related issues to address. The initiative may need to limit its focus to specific health strategies in order to maximize the effect that limited First Steps funds can have.
- Counties faced difficulty recruiting and hiring qualified staff. Most counties planned to use registered nurses and other highly qualified professionals with public health backgrounds and extensive experience with pediatric populations for programs such as the postpartum home visits. South Carolina has a nursing shortage. As a result, and particularly because there was some degree of uncertainty about ongoing funding for First Steps programs, it was difficult to recruit nurses to staff programs.
- Based on reports by service providers in the Program Effectiveness Reports, it was difficult for First Steps programs to identify eligible families. First Steps programs that extended or collaborated with other programs and/or providers seemed to be most successful in terms of actually identifying clients and providing services. Other programs either reported that they provided limited services or no services because they could not identify clients.
- One strategy for focusing First Steps efforts would be to carry out a careful analysis of the gaps in service currently offered by the Department of Health and Environmental Control and existing programs. For example, First Steps might consider expanding programs focusing on preventive dental care. While working to provide health care for the uninsured, non-Medicaid population might be seen as a priority in such an analysis, First Steps would need to work closely with Department of Health and Environmental Control to identify efficient strategies for locating this population.
- Training at the state level in how best to address supplantation issues would be helpful. In addition, counties that have successfully implemented health strategies should share lessons learned with other counties.

Other Programs

Overview

The First Steps initiative also funded a set of programs that were not encompassed under the four prevalent program types summarized above. These programs included transportation, library, and community outreach strategies. Transportation is recognized as a potential barrier to the provision and utilization of programs and services. County Partnership Boards found that available library resources for young children were underutilized. In addition, the County Partnership Boards found limited opportunities for service providers to network with each other. Programs summarized here addressed these issues and gaps in services.

Key Accomplishments

- By making programs mobile, many counties helped to address their transportation needs. Home visiting and mobile library programs, for instance, address transportation problems by bringing services, resources, and materials to where children and their families are located (i.e., homes, child care centers, hospitals).
- The library programs adopted in some counties helped to increase the training of child care providers in the area of child literacy.
- Community outreach programs aimed to enhance the efficiency of existing community services by increasing information available about services in the community and supporting the development of a more effective referral system.

Challenges and Further Steps

- The lack of available transportation is a problem that has been reported across the state and across programs. Inadequate transportation undermines children's access to needed services and programs.
- Incorporating a transportation component has enhanced accessibility for a number of First Steps programs. Free-standing transportation programs were less frequently implemented.
- Library programs may want to work in collaboration with child care providers or 4K programs. It was difficult for librarians to engage parents of young children unless the program was attached to service providers serving young children.
- The community outreach programs indicated that service providers need opportunities to network and share information. County Partnership Boards may want to consider ways to provide such opportunities.

We turn now to the issue of continuing to strengthen ongoing data reporting within First Steps.

Making Further Progress in Terms of Data Reporting and Evaluation

Overview

- Different facets of data collection within First Steps parallel the components of a logic model.
  - Data are being collected to track "inputs" (the resources allocated to different aspects of the initiative);
  - Data are being collected to track "activities" of the initiative (the implementation of specific First Steps programs as well as the effectiveness of administrative structures within First Steps);
  - Data are being collected to track "outputs" (the number of children and families actually served in First Steps programs); and
  - In the future, data will also be collected on "outcomes" (measures of how children and families are affected by participation in First Steps programs).

In general, the challenges associated with data collection within First Steps increase as one progresses from inputs to outcomes. A highly effective data system tracks First Steps inputs (specifically expenditures) through the Universal Management System (Fallon & Jenkins, 2002). Data can be analyzed by county, type of program, and by the specific nature of the spending.

In terms of tracking activities, 350 of the 351 programs funded in fiscal year 2001-02 have been documented using a Program Effectiveness Report. On the one hand, it is a major accomplishment to have a "window" into the implementation of almost all First Steps programs, and information from these reports is extremely illuminating. Collection of these Program Effectiveness Reports was a strenuous process involving staff from the Institute for Families in Society of the University of South Carolina, First Steps Executive Directors and other staff, and program vendors. On the other hand, while data collection covered nearly every program, numerous challenges were faced. Detailed specifications were not developed in advance so that data elements could be recorded in a consistent manner. Executive Directors and vendors were not informed substantially in advance of this data reporting requirement, and sometimes had difficulty allocating the necessary time to complete the Program Effective Reports (given competing demands) and assembling the necessary information (see discussion in Andrews & Sheldon, 2002).

Turning to outputs, data concerning the number of children and families actually served by First Steps programs are not yet available. The present evaluation report has not been able to provide an overall summary of those served (although such numbers are possible to report for specific programs, especially early elementary programs). An attempt to report reliable count data at the end of the last fiscal year (2001-02) provided a needed opportunity for training and for the development of reporting templates and specifications, but did not result in usable data. A system for reporting "counts" is now in the field. Extensive efforts have gone into piloting, training and creating data reporting specifications for this new system. Vendors have been informed of the requirement that they participate in ongoing data reporting in their contracts for the new fiscal year, and will be better able to anticipate the information required of them. Although the new system was launched a bit later than anticipated, it is expected that usable count data will begin to be available. This should be monitored carefully, with periodic assessments of data quality.

Outcome data on children and families have not yet been collected for the initiative as a whole. This is appropriate, given that First Steps programs had generally been implemented for less than a year at the end of June 2002. It is inappropriate to measure program outcomes with programs that are still working out early implementation issues. However, it will be critical to collect and report on child and family outcomes for the 2006 evaluation of First Steps.

This section will note challenges and recommendations specific to ongoing data collection regarding First Steps activities and outputs. This section concludes with recommendations regarding the documentation of child and family outcomes in the future.

Challenges and Further Steps

- Many Executive Directors reported that the information the Office of First Steps sent to their counties on the data collection process was insufficient; counties also felt that they had received conflicting or incomplete information about the data collection process and that the procedures and requirement were changed midstream.
- Several parties (e.g. vendors, Executive Directors, Planning, Implementation and Evaluation consultants) involved in the data collection effort feel that the process needs to be better integrated. There are too many different groups collecting data; as a result, programs and counties may be getting conflicting information and facing competing demands.
- The timing of data reporting is important. In the 2001-02 fiscal year, the data reporting deadlines often coincided with other deadlines (e.g., renewal application).
- Overall, 41 percent of Executive Directors felt that the data reporting requirements were hard to fulfill and close to half (49 percent) felt the data requests took up too much of their time.
- However, the vast majority (93 percent) felt that the data collected were informative for their counties. In addition, the counties have moved forward in developing and acquiring the skills, infrastructure and procedures that are needed for data collection and evaluative efforts. By the summer of 2002, close to three quarters (73 percent) had a data collection system in place. A small number of counties, however, were still struggling and felt they needed further help to get

a system in place that could track the number of children in their counties served by First Steps and the nature of services provided.

A number of steps have already been taken to address these challenges:

- The Office of Research and Statistics has developed new data templates for collecting counts of families and children served on a monthly basis in each county.
- With the guidance of the Office of First Steps, the Office of Research and Statistics has provided one-on-one training to each of the 46 county Executive Directors on how to use the data templates. In addition, a data transfer procedure has been established in each of the counties. The Office of First Steps plans to hold quarterly Executive Director training sessions, which will include further instruction with the goal of refining the data collection system and enhancing the data collection and reporting skills of Executive Directors.
- The Office of First Steps and Office of Research and Statistics have worked together to reduce the number of competing requirements. Moreover, in order to reduce the data reporting burden on vendors and Executive Directors, and focus data collection efforts on data elements that are key to tracking programs and evaluating their progress, the data-reporting template has been streamlined.
- The Office of First Steps has worked to specify in advance the data elements that will need to be collected for each program, thereby eliminating the element of surprise that counties had previously noted.
- The data collection tools (i.e., Excel spreadsheets) have been improved and now include both protective guards that preclude counties or vendors from changing fields, thereby increasing standardization, and data validation checkpoints that will reduce, and possibly eliminate, contradictory or incomplete estimates.

Further steps that could be taken as data reporting continues to be a strong focus within First Steps include the following:

- In order to ensure consistency in the data collected by counties, a question-by-question specification still needs to be developed for such basic concepts as how to define the number of children enrolled in a program and how to define attendance. It should not be assumed that the same approach to defining basic data elements will be used without such specification.
- The Program Effectiveness Reports were a valuable resource for this evaluation, and it is our recommendation that Program Effectiveness Reports continue to be collected annually. However, just as the monthly reporting of counts has had to be carefully reviewed and streamlined, efforts are needed to streamline and abbreviate the existing Program Effectiveness Report forms.

Looking Towards an Outcome Evaluation

Given severe budgetary constraints, an initial plan to collect direct child assessment data for a representative sample of children in South Carolina entering kindergarten and then again at periodic intervals no longer seems feasible. Questions have been raised about whether it would be possible to use data from the South Carolina Readiness Assessment (SCRA) now being collected state-wide, for reporting on progress of First Steps.

The South Carolina Readiness Assessment is an adaptation of the Work Sampling System; the adaptation was developed based on extensive pilot work within the state. Work Sampling involves ongoing profiling of children's work by teachers based on progress within the classroom on a daily basis, as well as periodic ratings of their progress by their teachers. Teachers rate children's ongoing mastery of specific material, behavior and progress in the classroom context.

The purpose of data gathered using the Work Sampling System is to inform and improve instruction for individual children as well as to provide an in-depth view of children's progress for parents. The Work Sampling System was not developed for purposes of program accountability. Questions remain about reliability, especially agreement of two raters regarding the same children, for ratings collected using this assessment approach. While evidence is available from a number of studies regarding the validity of Work Sampling, the basis for judging reliability (especially agreement by differing observers of the same child) is very limited. Further, other states that have chosen to rely on similar ongoing profiles of children's progress for state data reporting have encountered problems with lack of agreement across different observers of the same children.

It is the recommendation of this evaluation that the state engage in careful review of the issue of reliability, and especially interrater reliability, before relying upon data from the South Carolina Readiness Assessment (SCRA) for a purpose other than informing individual instruction, the purpose for which the measure was developed. One possible strategy that could be considered is sampling a set of kindergarten classrooms across the state (so as to be representative of the state), and providing extensive training to teachers in these classrooms so that they reach and then maintain a criterion of interrater reliability on the South Carolina Readiness Assessment (SCRA) ratings. This would have the added benefit of providing a resource to other teachers within those schools on issues relating to accurate completion of the South Carolina Readiness Assessment (SCRA). Caution should be used in relying upon data from the South Carolina Readiness Assessment (SCRA) without such steps to assure interrater reliability.

Finally, the First Steps legislation called for ongoing tracking of a system of indicators on the development of young children within the state. At the time of this evaluation, only two of the nine indicators called for in the legislation are being tracked on an ongoing basis (immunization and low birthweight). Extending the collection of indicators data to fulfill the legislative requirements is an essential goal for the 2006 evaluation. The School Readiness Indicators Initiative in which 17 states are currently participating could be an important resource for extending the collection of indicators data within the state (http://getting ready.org).

Resources

This evaluation indicates that meaningful first steps have been taken in the First Steps initiative to support children's readiness for school. Yet at the same time the evaluation indicates that further steps need to be taken to strengthen the initiative. Adequate resources will be needed to sustain First Steps efforts and to move forward in terms of strengthening administrative practices, the quality of First Steps programs, and evaluation activities.

Spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. In fiscal year 2000-01, Smart Start in North Carolina spent nearly $370 per child younger than six residing in the state in 2000, and over $2,110 per poor child younger than six (Smart Start, 2002; Bureau of Census, 2002b). In fiscal year 2000-01, using money provided by Proposition 10, California spent nearly $280 per child younger than six residing in the state in 2000, and approximately $1,410 per poor child younger than six (California Children and Families Commission, 2002; U.S. Bureau of the Census, 2002a).

In fiscal year 2001-02, if only county spending is included, First Steps spent just over $120 per child younger than six residing in South Carolina as of 2000 (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a) and just over $620 per poor child (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a). If state Office of First Steps spend-

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ing is included, spending rises to $131 per child and $662 per poor child.

A review of First Steps spending per young child in the state, and spending per child in poverty needs to be carried out in order to develop reasonable expectations for how First Steps can contribute to children's school readiness. Such a review will also be important in determining what can be accomplished in strengthening the First Steps initiative in the ways noted above. Adequate resources are needed to sustain and strengthen the initiative and thereby to strengthen children's readiness for school.

Conclusion

First Steps has now put in place the administrative structures required by the legislation, and there is evidence that these are indeed fostering collaboration to strengthen services for young children and their families. First Steps has launched programs for young children and their families that address locally identified needs and are guided by best practice information. The First Steps initiative has continually worked to meet challenges in terms of strengthening training, data collection procedures, and administrative practices. This report provides recommendations that would permit First Steps, given adequate resources, to take further steps, continuing to strengthen programs and practices to foster the school readiness of children in South Carolina.

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First Steps and Further Steps

Early Outcomes and Lessons Learned from South Carolina's School Readiness Initiative

1999-2002 Program Evaluation Report
Full Report

SOUTH CAROLINA
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Preface

The law creating First Steps not only provided for the establishment and enhancement of services directed toward young children and their families, it also established an evaluation process for monitoring and improving the effectiveness of the First Steps program. Under the law, an evaluation of the program effectiveness of First Steps is to be conducted by an external evaluator, and an evaluation report is to be provided to the South Carolina General Assembly every three years. The legislation also stipulated that the external evaluation be supervised by a three-person committee with two committee members to be appointed by the General Assembly and one by the First Steps Board of Trustees. The members of the three-person committee have worked with the First Steps Board of Trustees and the Office of First Steps to oversee the external evaluation.

The First Steps Board of Trustees contracted with Child Trends to conduct the external evaluation. Child Trends is a nonprofit, nonpartisan research organization in Washington, D.C. that focuses on research and statistics on children and families. The three-person committee has worked closely with Child Trends researchers to ensure that the evaluation is impartial, comprehensive, and instructive, and we endorse this report as having all of these qualities. We appreciate the cooperation of the many groups which have contributed to this evaluation. We have enjoyed excellent working relationships with Child Trends, the First Steps Board of Trustees, the Office of First Steps, and with the county staff, board members, and service providers.

The evaluation focuses on the first three years of First Steps, a period which was dominated by the process of developing and implementing a major statewide initiative. The report includes key accomplishments, challenges, and directions for further steps. We hope that all involved in this initiative to improve the readiness of our children to succeed in school will find the report useful as a guide to the future.

Members of the Three-Person Committee:

David Potter
Susan Shi
Dexter Cook

About Child Trends

Child Trends, founded in 1979, is an independent, nonpartisan research center dedicated to improving the lives of children and their families by conducting research and providing science-based information to the public and decision-makers. In keeping with this mission, Child Trends' highly trained, interdisciplinary research staff collects and analyzes data; conducts, synthesizes, and disseminates research; designs and evaluates programs; and develops and tests promising approaches to research.

Early childhood education has been an increasingly important topic within Child Trends' research portfolio. For example, Child Trends researchers conducted a comprehensive review of the research studies on factors that shape school readiness and on programs that aim to promote it. Child Trends then shared its findings from this review with policy makers, program directors, and the general public through a report, *Background for Community-Level Work on School Readiness: A Review of Definitions, Assessments, and Investment Strategies*; a research brief, *School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children*; and a *What Works* table, a graphic depiction of the most effective investments for school readiness, posted on the Child Trends' Web site, www.childtrends.org.

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We would like to acknowledge the contributions of a number of individuals who were particularly helpful in this evaluation.

Baron Holmes, of the State Budget and Control Board, who introduced us to First Steps and supervised the early phases of our work, helping us to understand how this initiative fit within the broader research on school readiness.

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Child Trends Staff: Finally, we would like to acknowledge the many Child Trends staff members who contributed to this evaluation. These include Kristin Moore and Brett Brown, Co-Principal Investigators; Tamara Halle, Project Director; Lindsay Pitzer and Julia Calkins, Co-Project Coordinators; and Team Leaders Lina Guzman, Rosalind Johnson, Dick Wertheimer and Martha Zaslow. We thank our invaluable consultants, Lisa Bridges and Ann Segal. We also thank Fanette Jones for moving us to production (and moving us in other ways); Thomson Ling and Kevin Cleveland for endless fact-checking; Sharon Bzostek, Sarah Garrett, Berkeley Smith, Akemi Kinukawa, and Eric Moore for help in summarizing data; and Amber Moore and Harriet Scarupa for assistance in communications for the project.

Child Trends December, 2002

Introduction

Orientation to this Report

South Carolina First Steps to School Readiness (First Steps) is a comprehensive early childhood initiative aimed at improving early childhood development by providing services to children ages zero to five and support to their families in an effort to help children reach school ready to learn. This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country.

As stipulated by legislation, a program evaluation is to be conducted every three years by an independent, external evaluator under contract with the South Carolina First Steps to School Readiness Board of Trustees (Section 59-152-160[A]). This report is the initial program evaluation.

Child Trends was selected to be the external evaluator for First Steps' first three-year evaluation in October 2001. Child Trends is a non-partisan, non-profit research organization that conducts basic research and evaluation studies focused on improving the programs and policies that affect children. Staff in the Early Childhood Content Area at Child Trends have carried out literature reviews on the subject of school readiness, pursue ongoing research on this key issue, and have worked on another state evaluation focusing on school readiness. Child Trends staff are the authors of this report.

The evaluation was overseen by a committee consisting of three members, one appointed by the First Steps Board of Trustees, one appointed by the President Pro Tempore of the Senate, and one appointed by the Speaker of the House (Section 59-152-160[A]). Child Trends' evaluation plan was reviewed and approved by this three-person committee. Furthermore, the three-person committee reviewed all chapters of this report.

There are several hallmarks of the First Steps initiative noted in the legislation. One is that it supports school readiness by increasing and coordinating services to young children and their families (Section 59-152-20); another is that it includes strong requirements for accountability in both fiscal (Section 59-152-150) and programmatic (Section 59-152-160) practices (Holmes, 2002c). Accordingly, the contents of this evaluation report detail the fiscal and programmatic activities conducted over the first three years of First Steps, and the early outcomes of those activities. This report also addresses the collaborative efforts undertaken to coordinate services for young children and their families, as specified in the legislation (Section 59-152-21). In addition, because much of the First Steps legislation focuses on setting up administrative structures to govern the activities of First Steps (Sections 59-152-40 through 59-152-90), and because much of the first three years of activities was necessarily taken up with establishing these administrative structures and procedures, this evaluation report begins with an examination of the establishment and functioning of all administrative entities at both the state and local levels, as well as an account of the early outcomes of these activities.

Specifically, the chapters that follow this introductory chapter address:

- Administrative structures (state and county levels);
- Fiscal accountability (state and county levels);
- Collaboration (state and county levels);
- Program implementation (statewide, for each prevalent program strategy type); and
- A summary of accomplishments, challenges, and recommendations for "further steps."

A separate report provides information on fiscal and program activities at the county level in more detail; this additional report is called the County Profiles report. The County Profiles report is intended to provide an overview of activities in individual counties, rather than a county-by-county evaluation. Evaluative information about program strategies is included in the current report.

Focus of the Initial Evaluation: Is First Steps Doing the Right Things in the Right Ways for the Right People?

The exact content of the three-year evaluation required by the First Steps legislation is not specified in detail. Section 59-152-160(C) states, "The purpose of the evaluation is to assess progress toward achieving the First Steps goals and to determine the impact of the initiative on children and families at the state and local levels." The legislation lists several indicators that are to be tracked (e.g., immunization, school readiness measures, parenting skills), but it states that the evaluation is not limited to these measures.

Although Section 59-152-160(C) implies that "impacts" of the initiative on children and families should be the focus of each evaluation report provided for First Steps, evaluation researchers strongly recommend that newly established initiatives direct their attention first to evaluating whether programs were implemented in the manner suggested by best practices information. That is, a priority should be placed on conducting an *implementation evaluation*, rather than an *outcomes evaluation*, at the earliest stages of a program or initiative (Bernier et al., 2002; Park-Jadotte, Golin, & Gault, 2002). This is especially the case if programs were put in place so recently that they are in an initial implementation phase. Studying the effects of a program too soon, when it is still in the process of developing services and making adjustments, can underestimate effects. The programs implemented by First Steps had generally been operational for less than a year during the period covered by the present evaluation (through June, 2002). Consequently, this first program evaluation report is an implementation evaluation of First Steps in the first three years of activities. Outcomes for families and children can be tracked when programs have been fully implemented.

We characterize this initial program evaluation as an investigation of whether First Steps is "doing the right things in the right ways for the right people." That is, did First Steps identify research-based best practices (i.e., the "right things") and implement them effectively (i.e., in the "right ways") to serve the appropriate populations for which they were intended (i.e., the "right people")? Within the chapter on program implementation, each prevalent program strategy implemented in South Carolina as part of the First Steps initiative is reviewed. Each section of that chapter begins by reviewing what is known about best practices for that strategy, then describes how the strategies were actually implemented in South Carolina, and concludes by comparing actual implementation with best practices. Each section also includes recommendations for the future.

Overview of the Introductory Chapter

The remainder of this introductory chapter provides an historical context in which to view the content of the rest of the report. We briefly review the history of First Steps activities over the first three years of implementation; this review emphasizes how young First Steps is as an initiative and underscores the necessity of conducting an implementation evaluation at this time. We next review the goals and guiding principles of First Steps as outlined in the legislation. One of the principles of First Steps is that all program strategies selected by counties should be grounded in research on best practices. As part of this effort, First Steps recommended that all county strategic plans be situated within a "logic model" of change toward school readiness, based on an "ecological model" of early childhood development—the view, based on research, that young children's development is influenced by the multiple environments that they participate in, including home, early care and education settings, and the community (Bronfenbrenner, 1979; 1989). This was an innovation not attempted by previous statewide school readiness initiatives. We review how this approach to providing support for school readiness was used for program planning within counties. Next, we compare the First Steps initiative to two other statewide early childhood initiatives, noting similarities as well as differences. We conclude this introductory chapter by reviewing guidelines for evaluating multicomponent early childhood initiatives, and the methodology used for conducting this particular evaluation. As a final piece of context for the report, we present indicator data describing the current characteristics of children and families in South Carolina and the state of their health and well-being. Trend data for some of these indicators is also provided.

History of First Steps

On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). After passage of the legislation, the implementation of the initiative unfolded in a series of overlapping phases (Holmes, 2002b).

Phase One of implementation began in the summer of 1999 and involved the initial organization of the First Steps Board of Trustees and the Office of First Steps (OFS). The staff of OFS consisted of nine core employees (four of whom were on loan from other state agencies). Several of these employees provided direct technical assistance to the 46 counties as they simultaneously developed their County Partnership Boards, as required by the legislation (Section 59-152-80[A]).

Phase Two was the creation of the 46 County Partnership Boards through open meeting elections mandated in Section 59-152-60. This process began in the late summer of 1999. Each County Partnership Board was required to have representatives from all relevant agencies, organizations and constituencies, both public and private, in the community (see the Administrative Structures chapter for further details). Two County Partnerships held meetings at which they adopted bylaws in September 1999; the final two County Partnerships to hold such meetings did so after January 1, 2000 (see Table 1 in the Appendix). Included in Phase Two was the initiation of Level One grant applications. Level One grants were to obtain First Step funds to conduct needs and resources assessments and strategic planning to form program strategies for the counties. Technical assistance in developing Level One grants was provided to County Partnerships by OFS. This phase continued through July 2000, when the last Level One grant received approval by OFS and the Board of Trustees (Holmes, 2002b; see also Table 1 in the Appendix).

Phase Three of implementation began in January 2000. After Level One grants were approved, all County Partnerships began a needs and resources assessment and strategic planning process in order to guide the writing of their Level Two grants. Level Two grants permit funds for program implementation. Again, technical assistance from OFS was provided to all 46 counties individually, as needed. In addition, day-long training sessions for Level Two grant preparation were conducted once a month from May through October 2000. This phase of implementation continued through late spring 2001, when the last county plans and applications were received by OFS (Holmes, 2002b). Formal review and approval of the Level Two grants by the Board of Trustees took place between May 2000 and July 11, 2001, when the last of the counties' plans received approval (see Table 1 in the Appendix).[1]

Phase Four of implementation involved establishing contracts to carry out program strategies approved in the Level Two grants. In order to select vendors to implement program strategies, Requests for Proposals (RFPs) were drawn up and published. According to Holmes (2002b), new planning and consensus building often had to take place in order to shore up county strategies at this stage. The hiring of Executive Directors for County Partnerships also occurred during this phase, although several counties continued to employ the use of a consultant instead of an Executive Director as they moved into the next phase, implementing programs.

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[1] Two counties' Level Two applications were partially approved in July 2001. The counties were required to revise and resubmit portions of their applications in order to receive additional funds. The subsequent submission and approval dates are listed in Table 1 in the Appendix.

Phase Five involves actual program implementation and delivery of services. In some counties, program implementation began as early as mid 2000; in most counties, program implementation started in late 2001 and the first quarter of 2002. Eighteen of the 46 counties were approved to implement their plans during fiscal year 2000-01, although not all of these counties began providing services in that fiscal year; the remaining counties initiated services in fiscal year 2001-02 (see Table 1 in the Appendix).

Based on this history of activities, it is clear that most of the first two years of First Steps was devoted to setting up administrative structures and doing the necessary planning, required by the legislation, to carry out comprehensive, research-based intervention strategies within each of South Carolina's 46 counties. Thus, the process of getting programs up and running was complex. The earliest point at which young children and their families could have participated in First Steps-funded programs was mid-2000. The majority of First Steps programs began providing services to families during fiscal year 2001-02, however, nearly half of the program strategies (46 percent)[2] were implemented for less than six months of that fiscal year (see the chapter on Program Implementation for more details).

Best practice does not recommend examining outcomes during early program implementation. It would be highly unlikely to find program effects on outcomes from such short-term program participation. Further, many programs engaged families with children younger than kindergarten age; in order to know whether programs affected school readiness indicators for these children, careful tracking of the children and their families would be required within a longitudinal, experimental study design. Given these considerations, the current evaluation report examines the quality of the implementation of program strategies during fiscal year 2001-02. This report also documents activities and outcomes of the development of the administrative structures of First Steps during its first three years.

The Goals of First Steps to School Readiness

The primary purpose of this and subsequent evaluations of First Steps is to assess progress toward achieving First Steps goals (Section 59-152-160). Section 59-152-30 of the First Steps to School Readiness legislation contains the five goals for First Steps:

- Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
- Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
- Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
- Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn.

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[2] This percentage was calculated on the 270 programs for which start date information was provided in the Program Effectiveness Reports (PERs).

Collectively, these stated goals reflect the view that all young children in South Carolina and their parents should have access to comprehensive services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the neediest populations of young children in the state is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina's children and to address the needs of at-risk young children and their families.

This set of goals also suggests the types of program strategies that should be included in the First Steps initiative. Specifically, programs should focus on providing parenting support, health services, and high quality early child care and education opportunities. Indeed, the most prevalent program strategies adopted by County Partnerships included four-year-old kindergarten, summer enrichment, child care, parenting/family strengthening programs, and health programs (see the chapter on Program Implementation for more detail). In addition, according to Section 59-152-100(A), the coordination, accessibility and affordability of transportation were to be targeted for service within First Steps.

The goals of First Steps, outlined in the legislation, were the basis for the construction of a State Strategic Plan, approved on May 10, 2000. This strategic plan specified five objectives, as well as benchmarks and action steps to reach these objectives, based on the primary goals of First Steps. (See the Administrative Structures chapter for more details about the strategic plan.)

Guiding Principles of First Steps

First Steps is noteworthy for embracing several guiding principles that collectively make for a unique approach to addressing the school readiness needs of children and families in the state of South Carolina. These principles are derived from the legislation, either explicitly or implicitly. (See box; see also the concluding chapter of this report.)

Guiding Principles of First Steps[3]

- The initiative takes an ecological perspective, focusing on the "whole child" and all the contexts in which children reside during the early years of life.
- School readiness is considered a multidimensional construct, including cognitive development, early literacy, social and emotional development, health, and approaches to learning.
- While some children and families may need more intensive support to achieve school readiness, all young children in South Carolina can and should benefit from First Steps programs.
- Community mobilization is emphasized, and collaboration is encouraged.
- Comprehensive services are provided within each county through an array of program strategies.
- Coordination of services is provided to support young children and their families without duplicating or supplanting services.
- Program strategies and activities follow best practices, and are therefore grounded in early childhood development research and practice.
- Fiscal responsibility is emphasized.
- Accountability is required for efficiency, effectiveness, and readiness results.

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[3] Based on a paper outlining First Steps' statutory requirements (Holmes, 2002c).

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The first two principles indicate that school readiness and development of the "whole child" are the desired results of First Steps. The legislation focuses on a comprehensive array of program types, rather than stipulating that programs should target a particular aspect of child development (e.g., early literacy, physical health). As such, there is recognition that all aspects of children's development contribute to school readiness. Furthermore, First Steps adopted a definition of school readiness that encompasses multiple areas of child development, including cognition, language, physical health, social/emotional development, and approaches to learning (e.g., curiosity, task persistence).[4] Another guiding principle of First Steps is that all of South Carolina's young children and their families should benefit from First Steps programs, but there is also an understanding that some families need more support than others.

The legislation stipulates the development of County Partnerships, which necessitate community mobilization and collaboration. Specifically, the legislation states that collaboration and the development of County Partnerships must occur before funding for the implementation and management of programs is made available (Section 59-152-21). The legislation provides guidelines for the creation of County Partnership Boards and requires the membership of key stakeholders in each county. These stakeholders include child care providers; pre-kindergarten through elementary school educators; family education providers; the faith community; the business community; parents of preschool children; representatives of school districts; Head Start; the county library; the Department of Social Services; and the Department of Health and Environmental Control. The membership requirements show that the legislation was designed to promote community mobilization through the participation of sectors other than service providers (e.g., the business community, parents, the faith community).

The legislation also stipulates that services for young children and their families must be comprehensive and well coordinated. Furthermore, the services should be designed in a planful way, based on research on efficacy and "best practice" (Holmes, 2002c). The comprehensiveness of the services to be provided is outlined in Section 59-152-100(A). Services include lifelong learning (e.g., school readiness, parenting skills, adult education); health care (e.g., nutrition, screenings, immunizations); quality child care (e.g., staff training and professional development, accreditation, affordability); and transportation (e.g., coordination, accessibility, affordability). First Steps funds are intended to be used to extend existing services so that more children and their families will have access to services. However, First Steps funds are also intended to be used to promote the coordination of both existing and new services. For example, Section 59-152-20 states, "The purpose of the First Steps initiative is to develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities at the state level and the community level to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families." Furthermore, the legislation requires that the services provided using First Steps funds must be effective—that is, they must be high quality programs (as shown through best practice research), and they must produce the desired school readiness results.

Finally, the legislation requires that First Steps be held accountable for successful program implementation and school readiness results. In addition to including a general emphasis on program effectiveness and results throughout, the legislation provides an accountability process. The legislation requires the Office of First Steps to oversee on-going data collection and "contract for an in-depth performance audit due January 1, 2003, and every three years thereafter, to ensure that statewide goals and requirements of the First Steps to School Readiness initiative are being met" (Section 59-152-50[6]). In addition, the legislation requires that County Partnerships "cooperate fully in collecting and providing data and information for the evaluation" (Section 59-152-160[C]), and also submit annual reports.

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[4] These domains of school readiness were formulated by the National Education Goals Panel (Kagan, Moore, & Bredekamp, 1995).

The Conceptual Model Underlying First Steps

As noted above, two of the guiding principles of First Steps are that the initiative take an ecological view of child development, and have a multidimensional definition of school readiness. As such, children's school readiness is seen as a product of the collective influences on a child, from all the contexts in which the child resides, from birth through school entry. Furthermore, it is the intent of First Steps to put in place programs that are based on research-based effective strategies to improve the development of young children in multiple dimensions (e.g., health, cognitive, and social-emotional well-being) as well as their families. In an effort to facilitate meeting both of these objectives, First Steps recommended that all county strategic plans be situated within a logic model for achieving school readiness, which was in turn based on an ecological model of early childhood development.

The First Steps logic model (also known as a conceptual model) was designed (with the assistance of Child Trends) to assist County Partnerships in thinking through desired outcomes and causal linkages when formulating their strategic plans (Holmes, 2002a). The conceptual model spelled out the dimensions of school readiness, as well as the determinants (or causal factors) of school readiness, based on the research on child development. The dimensions of school readiness consisted of a detailed expansion of the five dimensions formulated by the National Education Goals Panel—cognition and general knowledge; language development; physical well-being and motor development; social and emotional development; and approaches toward learning (Kagan, Moore, & Bredekamp, 1995). The determinants of school readiness included family factors, such as economic characteristics, family composition, and functioning/harmony; parent-child interactions and relationships; child and family health; and participation in early care and education. The model also included supports for children and families, such as adult literacy programs and affordable health care.

A visual representation of the conceptual model recommended for use in First Steps program planning appears as Figure 1 in the Appendix. The box marked "child characteristics and capabilities" indicates that First Steps is interested in the "whole child's" development from birth through age five, and all of these characteristics and capabilities collectively contribute to children's school readiness. Circles in the model represent community-level "supports" available to the child and family that may bolster determinants of child well-being/school readiness. The rectangles in the model represent "determinants" of child well-being and school readiness that actually affect families and children. The arrows note both direct and indirect pathways of influence from "supports" and "determinants" to child outcomes.

The conceptual model was used to help articulate the relationships between program strategies and child outcomes. For example, if a county was interested in investing in a family support program, they might expect to see indirect rather than direct influences on child outcomes using this strategy. Specifically, according to the logic model, family support programs have the potential to influence family characteristics, such as parents' education level, which in turn can influence parent-child interactions, which in turn can influence child development and, ultimately, school readiness. Accordingly, counties implementing family support programs would be best advised to focus on documenting short-term outcomes such as changes in parent characteristics in the early stages of implementation, then medium-term outcomes such as changes in parent-child relationships, and as longer-term outcomes, changes in child outcomes related to school readiness.

Program Planning in Light of the Conceptual Model

County Partnership Boards were shown how to use the conceptual model during training to prepare grant proposals (Holmes, 2002a). They were advised to direct their strategic planning to the school readiness dimensions and determinants identified as being important based on their needs and resources assessments. In addition, the conceptual model was to be used as part of the Planning, Implementation, and Evaluation (PIE) process to guide both self-assessment and external evaluations. In actuality, however, few County Partnerships used the conceptual model to the extent the Office of First Steps intended. The conceptual model likely provided an initial framework for County Partnerships to conceptualize their efforts, but few used the model with any detail when completing the PIE process (or its subsequent Program Effectiveness Report process). Holmes (2002a) suggests possible reasons why the conceptual model was not used as intended. Counties' First Steps personnel may have been too busy with the process of planning and actually implementing programs within the required timeframe to use the model–there simply was not enough time. In addition, the conceptual model may have been too detailed and/or abstract to be applied. Attempts to use the conceptual model to guide program implementation and evaluation were innovative and noteworthy for such a large-scale initiative. Furthermore, the programs that the County Partnerships implemented do fit into the conceptual model, and the model should continue to be a part of the First Steps process for program planning and self-assessment.

Other States' Efforts to Address School Readiness

In 2000, 31 states were investing their public dollars in programs that promote the well-being of young children (National Center for Children in Poverty, 2002). However, South Carolina is one of a small number of states that have launched a multi-component early childhood initiative in recent years. Below we highlight the efforts in two other states, North Carolina and California, and compare their efforts to those underway in South Carolina.

North Carolina's Smart Start

In 1993, legislation in North Carolina established the Early Childhood Initiative and the North Carolina Partnership for Children (NCPC). The passing of the legislation meant that Smart Start, an early childhood initiative to ensure that all children ages zero to five in North Carolina are healthy and prepared to enter school, was launched. Smart Start was the first statewide early childhood program funded in the United States. It is a model nationally and has inspired similar initiatives in other locations, including in South Carolina. To date, the Smart Start initiative has been replicated in five states, albeit with variations in implementation (Dombro, 2001).

Similar in function to the Office of First Steps, the NCPC is a statewide non-profit organization that provides technical assistance to each of the Local (county level) Partnerships, specifically in the areas of program development and collaboration; administration; organizational development; communication; fiscal management; human resources; technology; contract management; and fundraising. Collaboration and local control are important components in the Smart Start initiative. Like the Office of First Steps, the NCPC strives to find the balance between guiding the county level partnerships and giving them independence.

Although First Steps and Smart Start share many similarities, one area in which they differ is in the establishment of the Local (or County Level) Partnerships. North Carolina's Local Partnerships were rolled out incrementally over five years, whereas South Carolina simultaneously implemented all 46 of its County Partnerships. The advantage of an incremental roll-out is that County Partnerships established early can serve as models for other Partnerships established later. The appeal of having all County Partnerships start at the same time is that they are then all on the same footing, with none having more "advantage" than any other.

Another way that the two initiatives differ is in the ratio of Partnerships to counties. First Steps has 46 County Partnerships, one for each of its 46 counties, whereas Smart Start has 81 Local Partnerships for 100 counties. However, like the First Steps County Partnerships, each of North Carolina's Local Partnerships has an Executive Director and a Board of Directors. Each Board of Directors has mandated representation from state and local agencies, as well as different community members such as local elected officials, parents, teachers, and business leaders.

As Smart Start unfolded, each Local Partnership developed a comprehensive plan, much like the needs and resources assessments and strategic plans completed by County Partnerships in South Carolina. Smart Start's comprehensive plans addressed the needs of communities in three specific areas: child care (quality, affordability, and availability), health, and family support services. First Steps legislation also requires a focus on these three service areas, but also requires that early childhood education such as four-year-old kindergarten, summer enrichment programs, and transportation be a focus; these latter areas were not explicitly targeted for programs in North Carolina. For both initiatives, the local comprehensive plans need to connect to measurable outcomes and cannot duplicate other statewide or local efforts.

Like First Steps, Smart Start offers a range of programs for children and families, including health, child care, and parent support. A number of studies and evaluations conducted by the Frank Porter Graham Child Development Center have examined the Smart Start initiative and programs. Two years after implementation, in 1995, a performance audit of Smart Start was conducted. In the fall of 2000, data were collected and published on a representative sample of kindergartners, as well as kindergarten classrooms, teachers, and principals. In 2001 (eight years after initial implementation), a performance-based evaluation system was launched to evaluate Local Partnerships and their performance based on outcomes and results for young children.

Smart Start is a community-based and state-supported program that receives ten percent of its funds from the private sector. In the year 2000, $190 million was available for Smart Start programs. (A more in-depth fiscal comparison of North Carolina's and South Carolina's initiatives appears in the Fiscal Information chapter of this report.)

California's Proposition 10 (First Five California)

In 1998, California voters passed Proposition 10, creating the California Children and Families Commission (CCFC) to offer an integrated system of information and services that promote early childhood development and school readiness. Proposition 10 (Prop. 10) added a 50-cent tax on each pack of cigarettes purchased in the state. A comparable tax was also placed on all other tobacco products. Annually, Prop. 10 is expected to generate more than $650 million (California Children and Families Commission, 2002b).

Prop. 10 (also known as First Five California) is designed to support all of California's children, ages zero to five, and their families, regardless of residency status and income level. Primarily, Prop. 10 provides funding for community health care, quality child care and education, and programs for young children and their families. Like First Steps programs, each Prop. 10 program is designed to meet the needs of children and families at the local level. In addition, this initiative provides a statewide public education campaign on the importance of early childhood development and provides support to pregnant women and parents of young children who want to quit smoking. Prop. 10 offers programs that help parents and child care providers acquire the skills needed to take care of children; prenatal and postnatal mother and infant services; child development and health care programs that do not currently exist on the local level; and domestic violence prevention and treatment programs.

Like the First Steps County Partnership Boards, each of the 58 counties in California was allocated funds to start a County Commission. Eighty percent of Prop. 10 funds go to and are controlled by the County Commissions, while the other twenty percent of the funds are used by the CCFC to administer state-level programming. County allocations depend on the number of births in each county, based on the residence of the mother. Before funds were initially distributed to the County Commissions, each Commission developed a strategic plan that clearly outlined long-term goals and objectives; described proposed programs, services, and projects; included reliable indicators for measuring outcomes; and explained how programs, services, and projects would be integrated into a consumer-oriented and easily accessible system.

In 2001, the California state legislature established a school readiness task force. This task force, along with the California Children and Families Commission and the School Readiness Master Work Group, based their work on the National Education Goals Panel's definition of school readiness (i.e., physical well-being and motor development, social and emotional development, approaches to learning, language development and cognition and general knowledge). Their work provided for the inclusion of pre-K education (for the first time) in the state's 20-year Master Plan for Education.

The CCFC recently launched a $400 million school readiness initiative. This initiative will fund local programs that are using a coordinated and research-based approach to early childhood care and education. This initiative is designed to bring together all those who provide services to children and their families to get them ready to succeed when they start school. The programs may vary significantly depending on the communities and their needs.

To date, thousands of children, families, and service providers have participated in programs funded by Proposition 10 programs. The CCFC continues to provide technical assistance to the County Commissions, including results-based accountability workshops, strategic planning sessions, all-county planning meetings, communication sessions, and one-on-one counseling. Design of a three-year, statewide evaluation of Proposition 10 commenced in 2002, four years after the initiative was first implemented.

Summary

In conclusion, all three states' initiatives are similar in that they are intended to improve the lives of all children ages zero to five in their states, and they seek to accomplish this task by providing a variety of integrated services to children and families. Selection and implementation of services are handled at the local level, through county partnerships or commissions, which are in turn overseen by and accountable to a state-level administrative structure. Integration of services is encouraged, and duplication of services is discouraged, with the ultimate goal being comprehensive and coordinated services for all families in all areas of the state.

These state programs differ slightly in structure, but differ more profoundly in the amount of money they have available to carry out their multicomponent early childhood initiatives, and in the timeframe they have established for conducting outcomes evaluations.

Guidelines for Evaluation of Multicomponent Early Childhood Initiatives

The National Governors Association (NGA) Center for Best Practices, working with several early childhood experts, has generated guidelines for evaluating statewide early childhood initiatives (Bernier et al., 2002). The impetus for the NGA's creation of the guidelines was the proliferation of such initiatives, which often require outcome-based evaluations in order to demonstrate to state legislatures and other funders that the initiatives are producing results. However, the evaluation of these complex initiatives is challenging. One challenge is that the initiatives are often designed to affect whole communities rather than target a certain group or population. Another challenge is that the initiatives usually supplement or improve existing programs or services, rather than (or in addition to) creating new programs or services. South Carolina's multicomponent early childhood initiative shares both of these qualities, and thus poses challenges for program evaluation.

The NGA document suggests that evaluations should utilize multiple approaches, including a study of the effectiveness of program implementation, tracking key indicators over time, and evaluating the results for program participants. Furthermore, different research approaches should be used in a logical sequence. The authors suggest that expectations should be reasonable; given that results might take several years to achieve, interim measures should be developed. For example, large-scale initiatives should monitor early outcomes first (e.g., whether programs were implemented in the manner in which they were intended), followed by intermediate outcomes (e.g., how well-implemented programs affect the determinants of school readiness), and finally long-term outcomes (e.g., how well-implemented programs improve determinants, which in turn lead to improvements in children's readiness for school, school adjustment, and academic functioning).

Following this advice, a study of program implementation should be the initial step to determine whether promising programs have been well implemented to address the identified needs in a county. This type of study gathers descriptive data to document how the initiative was structured, how and when funds were spent, how many children or families have been served, who is being served, and exactly what program activities were undertaken. The programs as actually implemented can be compared to the original plans for implementation to assess early successes or areas for improvement. This is exactly the approach taken for this initial evaluation report on First Steps.

Of course, the intended effect of most early childhood initiatives is an improvement in children's school readiness. However, it takes years for such changes to occur. Only after the programs have been in place for a time should a study of longer-term results for children, families, and communities be conducted. The NGA report refers to a "hold harmless period" to let programs get established before studies of program effects on child outcomes are attempted, citing work by United Way Success by 6. Specifically, United Way recommends waiting two years after program implementation before outcome data are collected (United Way of America, 1996).

Studies that seek to determine program effects on outcomes also come in various designs. Each of these approaches offers a different level of "evidence" that a program is responsible for the change in child outcomes. Outcome studies that report a correlation between program participation and school readiness outcomes can say only whether there is any relationship between the two; they cannot rule out that another factor is really responsible for that association. Outcome studies that use regression analyses to control for other factors and relationships to outcomes are a step above correlational studies, but are still much less definitive than experimental studies. Similarly, quasi-experimental studies are often undermined by confounding influences that cannot be adequately controlled. Only experimental studies allow for causal relationships to be tested and thus permit an examination of whether a program really "worked" (Hollister & Hill, 1995). Experimental studies require random assignment of participants to either an experimental or a control group. Such a rigorous design is complicated to achieve in community-wide initiatives such as First Steps, and may not even be desirable for various practical or philosophical reasons. For instance, because First Steps is a voluntary program (Section 59-152-100[A]), it is highly likely that there is selection bias in who participates in any given program, and it would be hard to obtain a true "control" group without denying services to some of the people who want (and need) services.

An additional way to monitor whether a large-scale program is having an effect on a community is to track a select set of child and family well-being indicators over time. Tracking indicators over time permits one to see whether children (e.g., a representative sample of all children in a state, or all children in a particular subpopulation) are improving on key indicators of well-being over the course of the initiative's implementation. Tracking indicators alone cannot determine whether a program is responsible for the changes that are seen in the indicators over time. However, over time, indicators do provide evidence as to whether or not a change in the direction expected in light of the initiative is occurring. The legislation identifies nine indicators that should be tracked in light of First Steps; currently, only two indicators (immunizations and low birth weight) are being tracked with regularity in the state of South Carolina.

Methodology for This Evaluation

As mandated by the legislation, an independent, external evaluator, Child Trends, under contract with the Board of Trustees and with oversight from a three-person committee, has conducted this evaluation. Based on the evaluation guidelines noted earlier and the level of maturity of the First Steps initiative during the first three years of implementation, this was designed as a process evaluation. It is important to mention that several components of the evaluation were already in place before the external evaluator was selected in October 2001, which may have affected the quality and type of data available for this evaluation.

Types of Data Sources

Data collection and analysis strategies were aimed at understanding the First Steps initiative at the state and county levels. At the state level, Child Trends did the following:

- Conducted interviews with state officials, Office of First Steps staff, Governor's staff, statewide nonprofit organizations, and Board of Trustees members.
- Examined state-level reports and documents, and state-level data (i.e., 2002 Decennial Census, Kids Count, and administrative data) from the Office of Research and Statistics.
- Attended State Board of Trustees and Board committee meetings.

At the county level, Child Trends did the following:

- Conducted telephone interviews with all 46 Executive Directors of the County Partnership Boards. The interview protocol was designed and administered by Child Trends. Child Trends also analyzed the data.[5]
- Conducted site visits to 23 different First Steps programs in 17 counties representing all regions of the state.

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[5] Tables summarizing these data, as well as all other data collected by Child Trends for this report, are available from Child Trends upon request.

- Conducted interviews with the six Office of First Steps Technical Assistants regarding their work with County Partnership Boards and Executive Directors, as well as a survey regarding their work with each county. Child Trends designed and administered the interview and survey. Child Trends also analyzed the data.
- Reviewed surveys conducted by the Office of First Steps for 15 counties in the year 2000.
- Reviewed each of the two years of County Partnership Board survey data. The Office of First Steps administered these surveys. The sample sizes were 732 for 2001 and 911 for 2002.[6]
- Reviewed surveys conducted by the Office of First Steps at County Partnership training sessions in September and October 1999 (n=818), and April and June 2000 (n=166). These were analyzed by the Institute for Families in Society.
- Reviewed and summarized the Program Effectiveness Reports (PERs), which were completed for 350 of the 351 First Steps programs during fiscal year 2001-02. The University of South Carolina Institute for Families in Society was in charge of completing the PERs.
- Analyzed Family Satisfaction Survey data for a select number of early childhood education, parenting, and child care programs. William Preston and Associates administered these surveys. A total of 5,442 parents returned the surveys. Child Trends analyzed the data.

In order to understand the administrative structure of First Steps and how the County Partnerships functioned during the first three years of implementation, Child Trends staff relied on information from interviews with the Executive Directors, members of the State Board of Trustees, and Technical Assistants. Child Trends also examined the County Partnership Board Member survey data, the survey data from the Technical Assistants, as well as other state-level and county-level data sources (including state and county strategic plans and annual reports, and county applications to First Steps).

In order to understand the nature of program implementation, Child Trends relied on a number of additional sources of information. The primary sources of data on programs were Program Effectiveness Reports (PERs), Family Satisfaction Survey data, fiscal information collected and compiled by the OFS Fiscal Reporting System (refer to the Fiscal Information chapter for a detailed overview of the OFS Fiscal Reporting System), site visits, and reports prepared by Effective Practices Experts (EPEs) in each of the major program areas. As noted, during one of the site visits, the Child Trends team visited 23 programs in 17 different counties. Child Trends staff observed these programs in action, and also interviewed program directors, staff, and the Executive Directors from the counties supporting the program. A further source of information that informed the summaries of programs was a set of detailed reports written by experts in the areas of programs for young children and community collaboration: the EPEs for the First Steps initiative. Five papers were written, one on child care, community collaboration, early education, parenting/family strengthening, and health care. Each paper provides a literature review on best practices, an examination of the programs used in South Carolina, and lessons learned and recommendations. An additional paper was provided on the process of collecting PER data. Other background papers that informed this evaluation were written on the history of First Steps (Holmes, 2002b), the statutory requirements of the First Steps legislation (Holmes, 2002c), the history of the fiscal management system, and the application of the First Steps' logic model (Holmes, 2002a).

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[6] County Partnership Board survey data for 2001 were analyzed by the Institute for Families in Society; data for 2002 were analyzed by the Office of Research and Statistics.

The above-mentioned data sources are outlined in Table 2 and Table 3 in the Appendix. Table 2 notes the primary data sources, how the data were collected, and the characteristics of the sample for each data source. Table 3 describes supplemental and background documents, such as working papers, annual reports, and strategic plans, provided to Child Trends by the Office of First Steps (OFS).

Overall, Child Trends conducted a series of interviews, visited county programs, summarized PERs, reviewed Effective Practice Reports, conducted secondary analysis on administrative data, analyzed survey data, and analyzed many other types of materials regarding First Steps at the state and county level in order to evaluate the functioning of First Steps in its first three years of implementation.

Data Quality Control Procedures

The accuracy of the data reported in this evaluation was a priority. When concerns were raised regarding the reliability or validity of a piece of data, Child Trends consulted with the three-person oversight committee, the Office of First Steps, the Office of Research and Statistics, and the Institute for Families in Society. In some cases, concerns about data quality were not resolved through further inquiry; in such cases, those data were excluded from analysis in this report. In general, every attempt was made to address discrepancies and to report the most accurate information about First Steps. When appropriate, Child Trends has indicated in footnotes qualifying information about some of the data reported. It is noteworthy to mention that OFS and ORS have taken steps to improve data collection and reporting for the future. Indeed, the process of carrying out this evaluation has had, as a bi-product, a greater emphasis on data collection and data quality in the First Steps initiative (refer to the Administrative Structures chapter for a further discussion of the First Steps data collection system).

It was a goal of this report to base all sections on multiple data sources. "Triangulating" information from multiple data sources provided a stronger basis for conclusions. It also permitted us to identify instances in which differing informants had somewhat different perspectives on an issue. Drafts of this report were double-checked against original data sources.

Standards and Procedures for Insuring Impartiality of the Report

A three-person committee oversaw all aspects of this evaluation study in order to insure its objectivity and impartiality. Child Trends' evaluation design was reviewed and approved by this committee, and the committee reviewed and approved the programs and individuals visited during the site visits to South Carolina.

Setting the Context for First Steps: The State of Children and Families in South Carolina

Who Can Benefit from First Steps to School Readiness?

The First Steps initiative was designed so that young children and their families in every county and from every kind of social background might benefit from the programs it supported. In addition, there is a special focus on meeting the needs of children at greater risk of not being ready for school, a focus reflected in funding allocation formulas and the needs and resources assessments conducted within each county. For these reasons, providing an answer to the question of who can benefit requires that we look at all children and their families, and at those who are at greater risk of arriving at school not ready to learn.

The Children of South Carolina

There were 318,543 children ages zero to five in South Carolina in the year 2000, according to the decennial census. Over 239,000 families had one or more children under age six. Nearly six in ten of South Carolina's young children are white non-Hispanic. About a third are black, and the remainder are members of other races (3.5 percent) or are Hispanic (3.5 percent).[7]

The number of young children in each county varies from a high of 30,787 in Greenville County to 498 in McCormick County. Over half of the children under age six live in just nine counties.[8]

Over time, between 2000 and 2007, when the First Steps initiative must be considered for reauthorization, around 700,000 children could potentially benefit from First Steps programs (Child Trends, 2002a). [9]

There are two measures of difficulty with school readiness that have been used in the state for some years: first grade failures, and the percent judged as "not ready for first grade" as determined by the Cognitive Skills Assessment Battery (CSAB).[10] Each of these measures has shortcomings as a measure of school readiness. Grade failure rates are determined by practices and policies that can vary substantially from school district to school district, and even over time within a school district. This means that differences across counties and changes over time may reflect differences in practice rather than differences in readiness. The school readiness measure based on the CSAB is problematic because it focuses primarily on academic abilities, ignoring other important aspects of readiness such as social/emotional development and health. Efforts have already been made to improve available measures of early school readiness in the state.[11]

At present, first grade failure and CSAB results are the measures that are available, and so we present them here, mindful of their limitations. In the year 2000, 6.9 percent of all first grade students (3,754 children) failed to pass the first grade. Early grade failure is more common among minority children (mostly African American) than among white children in the state.[12] The percent of children in first grade who were determined to be "not ready" according to the CSAB was higher, at 14.8 percent for 2001.

The percent of students who failed first grade in 2000 ranged widely across the state from a low of 1.5 percent to 16 percent.[13] Ten counties held back at least one in ten students in 2000. The percent of first graders judged "not ready" according to the CSAB measure also ranged widely, from 3.3 percent to over 40 percent (see Figure 2 in the Appendix) (South Carolina Kids Count, 2002a).

Who is at Risk of Not Being Ready for School?

Early child development research provides us with important guidance in identifying which groups of young children are more likely to arrive at school with low levels of preparedness in one or more critical areas.[14] Family characteristics related to greater risk include poverty, not living with both biological parents,[15] poor maternal mental health, low parental education, home environments that are not intellectually stimulating, and harsh parenting practices (Halle, Zaff, Calkins, & Margie, 2000). Individual characteristics related to early school readiness problems include low birth weight, lack of proper immunization, poor nutrition, and early emotional and behavioral problems (Child Trends, 2001; Huffman et al., 2000).

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[7] For the 2000 Census it was possible for individuals to be identified with more than one race. The estimates for white and black children presented here refer to those non-Hispanics who were identified with only one race. Those with two or more races are included in the "other races" category, which also includes Asian and Pacific Islanders and Native Americans.

[8] Greenville, Richland, Charleston, Spartanburg, Lexington, Horry, York, Anderson, and Berkeley.

[9] This estimate assumes a constant child population size in each year between 2000 and 2007.

[10] See, for example, *South Carolina Kids Count 2002* report at http://167.7.127.238/kc/default.html

[11] The CSAB has been discontinued in the fall of 2001, and replaced with the South Carolina Readiness Assessment, an abbreviated and adapted version of the Work Sampling System in 2001-2.

[12] See *South Carolina Kids Count 2002*, Figure 7, "Failures grades 1-3 in 2000." http://167.7.127.238/kc/default.html

[13] It should be noted that Saluda, which had the lowest percent of first grade students who failed first grade, had one of the highest rates of first graders judged "not ready" according to the CSAB measure (43rd out of 46 counties).

The First Steps legislation requires that certain data be collected; however data on only two of the measures are currently being collected by the state–data on immunization and low birth weight.[16] It is recommended that all of the data should be collected for future evaluations.

While we do not have South Carolina data for all of these risk groups, we do have estimates for several, which we will now review.

Family Poverty

In 1999, 20.1 percent of children under the age of six were living in poor families (this was slightly higher than the national average of 18 percent in 1999).[17] About one half of those children were in very poor families whose income is less than half the poverty level.

Across counties the poverty rate for young children varies substantially, ranging from 12.0 percent to nearly one half (48.8 percent). Regional clusters of low and high poverty counties are also evident (see Figure 3 in the Appendix) (Child Trends, 2002b).

Family Structure

In South Carolina, two-thirds of children under age 6 in families lived in two-parent households in 2000, and one-third lived in single-parent households. Nine counties had single-parent household rates below 30 percent, and only one exceeded 50 percent (Child Trends, 2002c).

At-risk Births

In 2000, four in ten (39.8 percent) newborns were born to unmarried mothers, and one in five (20.9 percent) were born to women who did not have a high school diploma. Both proportions exceed the national average.

About one in seven (14.4 percent) were born to mothers who were both unmarried and lacked a high school diploma. In 10 counties[18] more than 20 percent of all newborns were born into such families, though in no county did the rate exceed 25 percent (see Figure 4 in the Appendix). Only two counties had rates below 10 percent (South Carolina Kids Count, 2002b).

Immunization

Data collected annually in the state of South Carolina show substantial increases in the percent of two-year-olds who were fully immunized during the 1990s, from 62.0 percent in 1993 to 87.7 percent in 2000 (South Carolina Department of Health and Environmental Control, 2002). Estimates for 2000 from national sources indicate that South Carolina compares favorably with the country as a whole in its immunization rate for two-year-olds (Centers for Disease Control, 2001).

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[14] For a useful summary, see Child Trends (2001) *School Readiness: Helping communities get children ready for school and schools ready for children.* Washington, DC: Child Trends.

[15] Living within high conflict households where both biological parents are present is also considered a risk factor.

[16] According to Section 59-152-160(C), these data include, but are not limited to, school readiness measures, benefits from child development services, immunization status, low birth weight rates, parent literacy, parenting skills, parental involvement, transportation, and developmental screening results.

[17] These estimates were taken from the 2000 Decennial Census. Estimates of poverty are based on reported income from the previous year, 1999.

[18] These include Allendale, Chesterfield, Dillon, Hampton, Jasper, Lancaster, Laurens, Lee, Marlboro, and Saluda counties.

County-level data are available for children served by public health clinics. These year 2000 estimates indicate that the percent of children up to age 24 months who were not fully immunized[19] ranged from one percent to 28 percent, with all but three reporting counties below 15 percent.[20]

Low Birth Weight

In 2000, about one in ten newborns (9.7 percent) in South Carolina were low birth weight babies weighing below 5.5 pounds. This is up slightly from 9.2 percent in 1991 (South Carolina Department of Health and Environmental Control, 2002). County levels ranged from 6.5 percent to 16.7 percent (South Carolina Kids Count, 2002b).

Early Prenatal Care

South Carolina has made significant gains in the percentage of mothers receiving early prenatal care (in the first trimester), from 68.8 percent in 1991 to 78.6 percent in 2000 (South Carolina Department of Health and Environmental Control, 2002).

Summary

In sum, while First Steps seeks to support the development of all young children in the state, some children and families may need more intensive supports to address risk factors. At the state level, the proportion of children with specific risk factors ranges from about 10 percent (children born at low birth weight) to about 40 percent (children born to an unmarried mother). Counties vary substantially in the proportion of children with each risk factor.

In presenting the findings of this evaluation, we turn first to a series of chapters on the administration and functioning of First Steps (administrative structures, fiscal information, and collaboration as fostered by First Steps). We then turn to a chapter reviewing evidence on the implementation of First Steps-funded programs in the four most prevalent program types (early education, parent education and family strengthening, child care, and health). We conclude with a chapter summarizing accomplishments, challenges and recommendations for strengthening First Steps given the findings of this first evaluation.

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[19] These include immunization against polio, measles, diphtheria, tetanus, Haemophilus influenza B, and whooping cough.

[20] Compatible estimates were not available for two counties, Greenville and Pickens (South Carolina Kids Count, 2002b).

Administrative Structures

Introduction

As described in Sections 20-7-9700 and 59-152-50 of the legislation, a South Carolina First Steps to School Readiness Board of Trustees and an Office of South Carolina First Steps to School Readiness (OFS) were established to oversee the First Steps initiative and to provide technical assistance regarding its implementation at the state and county levels. The legislation also called for the development of 46 County First Steps Partnerships to implement the First Steps initiative. In order to carry out their duties, the County Partnerships also each established a local county First Steps office to help coordinate and oversee implementation.

Overview of Key Findings and Conclusions

The key findings and conclusions of this chapter include the following:

- The key administrative bodies (Board of Trustees, County Partnership Boards, and OFS) were formed in a relatively short period of time; much more time, however, was needed to develop the infrastructure necessary to implement First Steps.
  - ☐ Each of the administrative bodies has devoted a considerable amount of time and resources to developing leadership at the state and county levels to implement First Steps.
  - ☐ In the last three years, OFS has worked intensively to develop systems and procedures to administer First Steps at the county level. In addition, OFS has acted as a facilitator to counties in the various stages of design and implementation of their strategic plans.
  - ☐ The administrative bodies are carrying out all assigned functions as mandated in the legislation.
- The formation of the Board of Trustees and the County Partnership Boards helped to bring the key stakeholders together to discuss ways to maximize resources and to address gaps in services provided to young children and their families. In addition, the formation of the Board of Trustees and the County Partnership Boards provided a context in which collaborations across agencies and organizations were more likely to occur.
  - ☐ The Board of Trustees and the County Partnership Boards consist of a diverse group of individuals representing a range of key agencies and organizations.
  - ☐ The Board of Trustees and the County Partnership Boards worked closely with the OFS to accomplish mandated functions, as well as establish goals and objectives for First Steps at the state and county level.
- The time needed to develop a data collection system that could serve the needs of First Steps was underestimated. Also underestimated was the level of skill and effort that such an undertaking would entail.
  - ☐ Much of the infrastructure necessary to implement a data collection system and to conduct data collection was not present at the inception of First Steps.
  - ☐ Data reporting requirements were initially unclear to counties and vendors.

This chapter is based on information from various sources, including interviews with staff members at the OFS, state officials, Governor's staff, State Board of Trustee Members, staff of non-profit organizations, and county Executive Directors; it is also based on data collected from annual County Partnership Board surveys, Effective Practices Experts (EPE) reports, county site visits, and official First Steps materials. From these sources a great deal of information was learned about the development, composition, and functioning of the various administrative bodies of First Steps.

South Carolina First Steps to School Readiness State Board of Trustees

History

Soon after the legislation was passed, the State Board of Trustees moved to become incorporated and began to fund counties to implement the initiative. The Board of Trustees was established in the summer of 1999 to oversee the South Carolina First Steps to School Readiness Initiative. As required by the legislation, the Governor, the President Pro Tempore of the Senate, and the Speaker of the House appointed 18 voting members. In addition, the Governor and State Superintendent of Education filled two additional voting seats. Ten of the eleven non-voting members were also appointed at this time.

Since its inception, the Board has met on a monthly basis to monitor the First Steps to School Readiness Initiative. The Board held its first meeting in August 1999. At this meeting, the Board of Trustees was incorporated as a nonprofit organization. In addition, the Bylaws, the Office of First Steps staffing plan, and the budget were approved. The Governor also appointed a Vice-Chair of the Board. During the following two Board meetings, the Board approved the operating policies, procedures and guidelines, as well as the specifications for the Level One grant application and review process. In December 1999, the Board began approving and funding Level One applications. In the fall of 2000, the Board began to approve and fund Level Two applications. In the spring of 2002, the Board began to approve and fund County Partnership Renewal applications.

Composition

The State Board of Trustees is made up of a diverse group of individuals representing various state agencies and key community stakeholders (2000, 2001, and 2002 Annual Report to the General Assembly). As required by the legislation, the current State Board of Trustees consists of the Governor; the Superintendent of Education; the Chairman of the Senate Education Committee or designee; the Chairman of the House Education and Public Works Committee or designee; 18 voting members appointed by the Governor; President Pro Tempore of the Senate and the Speaker of the House; and 12 non-voting members who represent various state agencies and organizations. The Board initially consisted of 11 non-voting members. However, in 2000 the Board asked the General Assembly to add a representative from the State Technical College System because of the colleges' leading role in training child care workers.

The Governor appoints two members from each of the following categories: a parent of a young child; a member of the business community; an early childhood educator; a medical or child care provider; and one member each from the Senate and the House of Representatives. The President Pro Tempore of the Senate and the Speaker of the House of Representatives each appoint one member from the following categories: parent of a young child; a member of the business community; an early childhood educator; and a medical or child care provider.

The state agency members are Executive Directors or designees from the following: the Department of Social Services; the Department of Health and Environmental Control; the Department of Health and Human Services; the Department of Mental Health; the Department of Alcohol and Other Drug Abuse Services; the Department of Transportation; the Department of Disabilities and Special Needs; and the Budget and Control Board. The state organization members consist of representatives from the South Carolina State Library, the Transportation Association of South Carolina, the South Carolina Technical College System, and the State Advisory Committee on the Regulation of Child Day Care Facilities.

Administrative Structures

According to the Annual Reports to the General Assembly, over the past three years, the State Board of Trustees has been at capacity and has experienced limited turnover. As envisioned by the legislation, the State Board of Trustees has helped to ensure the representation of key stakeholders, including various state agencies. The required composition of the State Board of Trustees has facilitated statewide collaborations across different sectors.

Functions

The State Board of Trustee's functions are divided across committees. Initially, the Board of Trustees established six committees: the Executive Committee; the Strategic Planning and Administration Committee; the Fiscal Accountability and Evaluation Committee; the Applications/Grants Committee; the Legislative and Agency Relations Committee; and the County Relations and Oversight Committee. As the functions and responsibilities of the Board have evolved, one committee (the County Relations and Oversight Committee) has been dissolved; the remaining five committees continue to function. The duties of the current committees are as follows:

- The Executive Committee:
  - Acts in place of the Board at times when the entire Board cannot meet; and
  - Exercises all of the authority of the Board, so its actions are of the full Board.
- The Strategic Planning and Administration Committee:
  - Works together with OFS to review the First Steps state level strategic plan;
  - Oversees the OFS Director, as well as the administrative affairs, including budgetary, fiscal, staffing, and compensation matters.
  - Oversees technical assistance provided to County Partnerships by OFS; and
  - Oversees and reviews the Bylaws of the County Partnerships.
- The Application/Grants Committee:
  - Assists in the development of county grant applications;
  - Reviews county grant applications and makes recommendations to the full Board;
  - Develops policies and procedures for the award of First Steps' grants;
  - Establishes guidelines regarding the disbursement of public funds and private contributions; and
  - Reviews requests for changes in the mandated match (i.e., 15 percent) and administrative cap (i.e., eight percent).
- The Legislative and Agency Relations Committee:[1]
  - Assists OFS in developing the Annual Reports to the General Assembly and makes recommendations to the full State Board of Trustees regarding amendments to the First Steps legislation;
  - Educates legislators and their staff on the First Steps initiative;
  - Assists in the coordination and collaboration among state agencies; and
  - Assists OFS in identifying available federal and state funds.
- The Fiscal Accountability and Evaluation Committee:
  - Ensures that all legislative evaluation requirements are met;
  - Assists OFS in examining whether First Steps services are meeting goals established by legislation, and assists in monitoring the initiative's overall effects;

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[1] The Legislative and Agency Relations Committee was dissolved in June 2002; their functions were absorbed by the full Board of Trustees.

- Assists OFS in the development of a comprehensive fiscal monitoring system;
- Assists in the coordination of the three-year program evaluation; and
- Assists OFS in developing of the Annual Reports to the General Assembly.

The committee structure has helped members focus on and accomplish specific tasks. For example, the Strategic Planning and Administration Committee, with the approval of the Board of Trustees and the assistance of OFS, developed the State Strategic Plan for First Steps. The Strategic Plan, approved in 2001, was designed to promote the development of collaborative efforts among state agencies, and among public and private organizations at the state and county level. The stated mission of the Strategic Plan is:

> ... [to] promote improved school readiness through collaborative state and county partnerships that generate results-oriented initiatives. First Steps initiatives will mobilize communities to (a) enhance the readiness of young children to enter first grade successfully in terms of cognitive, general knowledge, language, health, social skills, and emotional well-being; (b) strengthen the capacity of families to be their children's first and most important teachers; and (c) facilitate integrated service delivery. (p. 1)

The creation of the Strategic Plan laid the foundation for a comprehensive, long-range initiative for improving school readiness. The objectives of the Strategic Plan are to:

- Support quality, non-duplicative and integrated community-based programs;
- Develop a statewide system to assess how the initiative is enhancing school readiness;
- Design and continuously improve county programs based on emerging knowledge and effective practices;
- Operate according to established high standards; and
- Provide quality leadership and support for the initiative at the state and county level.

According to interviews with the State Board of Trustee members, OFS Technical Assistants, and the 2000 Report to the General Assembly, in order to implement this plan, the State Board of Trustees along with OFS oversaw the development of the County Partnership Boards. These activities included participating in 46 county forums, which helped to establish the County Partnership Boards; providing training to County Partnerships on how to complete their Level One grant applications; incorporating all 46 County Partnerships; and developing support materials for the County Partnership Boards.

In addition to establishing the County Partnerships, the State Board of Trustees is also responsible for reviewing and approving each of the 46 counties' strategic plans. Under the guidance of the Applications/Grants Committee, OFS created Level One and Level Two application packets. Both the Level One and Level Two applications were subjected to an external review process, as well as an internal review (by OFS and Board members) before they could be approved and awarded. External reviewers consisted of staff from state and local agencies, universities, and non-profit organizations. The Applications/Grants committee then reviewed the County Partnerships' applications and external review comments, and made a final recommendation, which was presented to the full Board.

The State Board of Trustees is also mandated to establish a management and evaluation system to oversee the implementation of the First Steps initiative at the state and county levels. OFS, under the guidance of the Strategic Planning and Administrative Committee and Fiscal Accountability and Evaluation Committee, is working on establishing several internal processes to oversee the implementation of the initiative. For example, OFS devel-

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oped the System to Ensure Program Success (STEPS), a tool to measure County Partnership progress. STEPS was designed to monitor three key areas: operations, program activities, and fiscal accountability. In addition, as mandated by the legislation, a program evaluation of the First Steps initiative at the state and county levels must be conducted every three years by an independent, external evaluator. The external evaluation is overseen by a committee of three members: one appointed by the Board of Trustees, one appointed by the President Pro Tempore of the Senate, and one appointed by the Speaker of the House. As required by the legislation, the three committee members are professionally recognized as experts in child development, early childhood education, or another closely related field. The Board also oversees internal evaluation functions, such as annual County Partnership Surveys and county level evaluation efforts (e.g., the Program Effectiveness Reports, or PERs).

Even though the State Board of Trustees and OFS are mandated to provide oversight to the County Partnerships, the State Board of Trustees is very clear that its role should not be directive toward the County Partnerships. The State Board of Trustees is committed to providing support and guidance via OFS to County Partnerships without dictating how First Steps is implemented at the county level. The State Board of Trustees members have suggested that this has not always been an easy task. The State Board of Trustees has had to ensure that all County Partnerships adhere to legislative requirements, while at the same time respecting local needs and priorities of counties. The State Board of Trustees and OFS are both committed to fostering county autonomy, but adherence to the legislation requirements and limitations takes precedence.

The Board of Trustees is also mandated to develop coordination and collaboration among service providers. For example, in 1999 a team of various state agencies and organizations met to identify relevant data elements for the county needs assessment process. The goal of this meeting was to provide data, such as Kids Count data to the County Partnership Boards, that would help them identify specific needs in their counties. The team consisted of members from the Office of First Steps, Office of Research and Statistics, Department of Health and Environmental Control, Department of Social Services, Department of Health and Human Services, Department of Education, and the United Way of South Carolina.

The Governor facilitated statewide coordination and collaboration by establishing the First Steps Inter-Agency Work Group. The work group consists of senior-level representatives from cabinet and non-cabinet agencies, as well as statewide non-profit organizations. Various teams were created out of the First Steps Inter-Agency Work Group, including the Evaluation/Goals Team; the Grant Application Design Team; the Collaboration Team; the Conference Planning Team; and the Promising Practices Team. Moreover, state agencies and organizations, along with First Steps, have made strides in coordinating services to complement efforts at the county level. Specifically, the Board approved several state-level strategies. For example, the United Way of South Carolina, together with First Steps, coordinated efforts to purchase and deliver books to young children. In addition to encouraging a collaborative spirit among state agencies and organizations regarding school readiness, the Board has been able to raise additional non-governmental funds for the First Steps initiative.

The Board of Trustees has submitted Annual Reports to the General Assembly, and when appropriate, asked the General Assembly to consider specific recommendations. For example, in 2000 the State Board of Trustees recommended an increase in the appropriation to the First Steps initiative. In 2001, the Board requested an increase in the number of full time employees (FTEs) assigned to First Steps, and a reduction in the number of legislatively required reports to the General Assembly.

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Overall, the formation of the State Board of Trustees and its work have helped to focus the initiative's resources and funds in an efficient manner. In addition, the composition of the Board and its efforts have facilitated the coordination of services and helped to maximize resources for children and families.

County Partnership Boards

History

Soon after the inception of First Steps in June 1999, the Office of First Steps, the Board of Trustees, along with state agencies, helped to facilitate the formation of the 46 County Partnership Boards (2000 Annual Report to General Assembly; Andrews, 2002). As an initial step, forums were held from September to December 1999 in each of the 46 counties. According to Andrews (2002) and interviews with OFS Technical Assistants, these forums were attended by over 5000 individuals, including community, faith, and business leaders; health professionals; members of the child care industry; education professionals; local elected officials; government employees; and private area residents. Local volunteers, in close collaboration with OFS and local legislators, organized and convened the forums. The volunteers worked within a brief time frame to become oriented to the First Steps legislation, to compile the necessary information, and elicit community attendance and participation (2000 Annual Report to General Assembly).

The forums helped to formally introduce and orient the local communities to the mission of First Steps and more specifically to the roles and responsibilities of the County Partnership Boards (2000 Annual Report to General Assembly). Most importantly, the forums served as a vehicle from which to identify and recruit potential County Partnership Board members. Immediately following the forums, the County Partnership Boards were formed. Once the Board officers were elected, each County Partnership was charged with overseeing and carrying out the Level One applications, which allowed County Partnerships to conduct needs and resources assessments, as well as develop a strategic plan. Once the tasks of the Level One applications were accomplished, County Partnerships were then able to apply for Level Two applications. Level Two applications allowed for the implementation of programs at the county level. In the spring of 2000, the approval of Level Two applications and the approval of renewal applications began.

Composition

All County Partnership Boards have successfully designated and filled the legislatively mandated seats. According to Andrews (2002) and the County Partnership Board Surveys, Board members are drawn from a wide array of sectors and backgrounds; among those included are experts in the fields of early childhood and family education; local school district and state agency officials; child care providers and advocates; and leaders in the faith and business communities. In addition to the representation of multiple sectors and field, the County Partnership Boards are diverse in terms of gender, race, and ethnicity.

While sector and group representation is fairly consistent across the state, the size of individual County Partnerships does vary slightly, primarily as a function of the number of local school districts. Currently, the size of the County Partnership Boards ranges from a low of 20 board members to a high of 36 (2002 County Partnership Annual Reports). On average the County Partnership Boards consist of 26 members for a total of 835 County Board Members across the state (2002 County Partnership Annual Reports).[2] Based on the most recent County Partnership Board survey, over 80 percent of Board members reported that the nominating process ensures board diversity and helps to recruit members with the necessary skills.

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[2] Figures are derived from individual county annual reports. Counties that did not report membership are not included in these estimates.

According to the Executive Directors, counties report few problems overall in their ability to recruit and retain Board members. Although a number of County Partnership Boards are not at full capacity (all legislatively mandated seats, however, have at some point been filled in these counties), few Executive Directors report this as being a barrier to the County Partnership Board's functioning and effectiveness. In general, the Executive Directors and Andrews (2002) noted that the two seats for which counties have experienced some difficulty in recruiting and maintaining representation are transportation and a parent of preschool aged children. These seats have been difficult to recruit and maintain for different reasons. On the one hand, counties report that the small and limited pool of individuals working in the transportation sector hinders their ability to recruit. Specifically, Executive Directors have noted that the individuals working in the transportation arena are stretched thin, often serving on multiple committees at various capacities across their communities. On the other hand, while the legislation seeks to ensure that the County Partnership Boards have representation from the population First Steps is intended to serve, in practice this goal has been difficult to accomplish. According to the Executive Directors, parents of preschool children served by First Steps face obstacles, such as child care, that can make their regular participation more difficult. In addition, Executive Directors have reported that many parents are not accustomed to serving on Boards.

Functions

According to the Executive Directors, most County Partnership Boards' functions are divided across subcommittees. Most of the County Partnership Boards developed subcommittees that focused on particular areas either in terms of strategies (e.g., child care, health, 4K, etc.) or County Partnership Board function (e.g., nomination committee). As the needs of the County Partnership Boards have changed, some subcommittees have been dismantled and others have been formed. In addition, several of the County Partnership Boards have established executive committees. These executive committees consist of the Board Chair and Vice-Chair, Executive Director and subcommittee chairs. Overall, according to the Executive Director interviews, executive committees appear to have helped increase the level of communication, as well as the focus and efficiency of the County Partnership Boards. The executive committees meet regularly to report on the work and progress of the individual subcommittees. The legislatively mandated duties of the County Partnership Boards are as follows:

- Adopt the Bylaws as established by the Board of Trustees;
- Coordinate a collaborative effort to identify needs and develop a strategic plan to address said needs;
- Coordinate and oversee the implementation of the strategic plan;
- Conduct annual needs and resource assessment;
- Implement fiscal policies and procedures;
- Maintain records of meetings, programs, and activities; and
- Submit an annual report to the Board of Trustees.

According to Andrews (2002), early in the launching of the First Steps initiative, OFS, the State Board of Trustees, and the County Partnership Boards recognized the importance of training and developing skills necessary to carrying out the County Partnership Boards' functions. When recruiting members for the County Partnerships, counties had varying pools of experts to draw upon, which meant that the County Partnership Boards began the process of structuring First Steps with differing levels of skill and expertise. According to surveys of County Partnership Board members conducted in 1999, on one hand, many County Partnership Board members had experience in collaborating with other organizations, writing goal and objective statements, and conducting needs assessments–skills that are crucial to the successful functioning of County Partnership Boards and the implementation of First Steps. On the other hand, many County Partnership Board members lacked skills in several areas vital to their ability to carry out roles and responsibilities. For example, a third of County Partnership Board members had no experience in grant writing and only a quarter had previously written grants themselves (Andrews, 2002). County Partnership Board members were also lacking expertise in how to carry out resource assessments, conduct research on best practices, evaluate programs, and write program plans (Andrews, 2002). Only about a quarter of County Partnership Board members reported having a lot or very much knowledge in these key areas, according to the 1999 County Partnership Board surveys (Andrews, 2002, p. 25).

OFS provided extensive technical assistance and consultation, which assisted the County Partnership Board members in developing these skills. OFS organized and hosted six regional training sessions in the fall of 1999, which were attended by the majority of County Partnership Board members (2000 Annual Report to General Assembly). These sessions provided County Partnership Board members with detailed information on how to conduct the Level One applications (Andrews, 2002). In addition to the regional training sessions, OFS provided technical assistance to County Partnerships on how to conduct needs and resource assessments and on grant writing (Andrews, 2002). In January 2001, OFS entered into a contract with the University of South Carolina Institute for Families in Society (Interviews with OFS staff, 2002). Staff from the Institute for Families in Society served as Planning, Implementation and Evaluation (PIE) consultants. The PIE consultants worked to train and guide County Partnership Board members on how to conduct internal needs and resource assessments. In addition, they provided expertise on how to conduct and evaluate research and identify appropriate best practice models (Andrews, 2002).

Lastly, annual statewide leadership summits were attended by County Partnership Board Chairs, Vice Chairs, and if, hired at that point in time, Executive Directors. The summits, in 2000 and 2002, provided further training in County Partnership Board development and leadership.

These multiple efforts in County Partnership Board training and development are reflected in data from the most recent County Partnership Board surveys. By the spring of 2002, over 80 percent of members reported that their County Partnership Board was doing a good or excellent job in the evaluation and implementation of their strategies; in evaluating their progress for interim goals and benchmarks; and in the area of assessing needs, capacities, and resources. Assessments by the OFS Technical Assistants and county Executive Directors provide further evidence of the progress County Partnership Boards have made in these areas in a relatively short period of time. Specifically, data from interviews with OFS Technical Assistants indicate that less than 20 percent of County Partnership Boards need additional assistance in conducting county needs assessments; and less than ten percent of County Partnership Boards need further improvement in their ability to accomplish goals. Executive Directors provide perhaps the most positive assessments of the County Partnership Boards' abilities and progress to date. Overall, close to 70 percent of Executive Directors report that their County Partnership Board is very effective at getting their tasks and responsibilities completed. Wile the County Partnership Boards were initially lacking skills and expertise in many key areas, they have been able to acquire them through the multiple trainings and resources made available to them.

According to Andrews (2002), the County Partnership Boards' ability to acquire these skills, in a short period of time, and build upon their backgrounds and strengths is due to the resources made available to them, as well as the energy and commitment of County Partnerships. This accomplishment is also noteworthy for several other reasons. First, it is important to remember that it was only three years ago that the County Partnerships were developed. Further, the County Partnership Boards consist of a large number of individuals who represent a wide spectrum of professional backgrounds and interests. These diverse interests and backgrounds, as well as the size of the County Partnership Boards, sometimes initially led to disagreements about how to proceed and where to focus the County Partnership Boards' energy (Andrews, 2002). However, through time spent working together, trainings, and a commitment to improving the well-being of children in South Carolina, most, if not all, County Partnership Boards have become cohesive (Andrews, 2002).

Recent data from County Partnership Board surveys and interviews with Executive Directors depict this process. In 2002, approximately 85 percent of County Partnership Board members ranked their Board as being good or excellent in the area of board cohesion and unity, and about 90 percent reported that their Board was functioning effectively. This is further underscored by the way in which the Executive Directors describe their County Partnership Boards: most Executive Directors (89 percent) report that they and their County Partnership Board have a good working relationship. Moreover, Executive Directors report that disagreements in County Partnership Board meetings are infrequent (84 percent) and more importantly, when they do arise, disagreements lead to constructive resolutions (95 percent). While half of Executive Directors reported that some groups and sectors had more of a voice than others, few reported that this led to problems in their County Partnership Boards. The fact that the County Partnership Boards were formed in a short time also suggests the perceived need within these communities for programs that would address the gaps in services for young children at the county level (Andrews, 2002).

One issue that has been raised by a small number of Executive Directors is the presence on the County Partnership Boards of individuals who have also become vendors for First Steps Programs. It may be difficult to evaluate the progress of one's own program. It also may become difficult to make funding decisions for fellow Board members with whom one has developed a working relationship. The County Partnership Boards' Bylaws have provisions concerning conflicts of interests. OFS has also provided training for County Partnership Board members regarding concerns of conflicts of interests. It is important to note that this does not appear to be a widespread problem; however, it is one that should be monitored.

Participation and Involvement

At present, according to the 2002 County Partnership Board Surveys, the majority of County Partnership Boards meet once per month. As reported by Executive Directors, during the month, individual subcommittees may meet to discuss pending business. In many counties, prior to the full County Partnership Board meeting, the Board Chair and Executive Director will meet to set and review the agenda for the upcoming meeting. According to the 2002 County Partnership Board Surveys, County Partnership Board members volunteered between one and four hours per month in 2002. Including full County Partnership Board meetings, subcommittee work, community outreach and public relations efforts, County Partnership Board members volunteered an average of approximately 800 hours in the 2001-02 fiscal year (2002 County Annual Reports). The number of hours volunteered in fiscal year 2001-02 varied across the 46 counties and ranged from a low of 185 hours to a high of 3,350 hours (2002 County Annual Reports).

Although County Partnership Board involvement is relatively high, a number of sources, including Andrews (2002), Executive Directors, County Partnership Board Members, and Technical Assistants, noted a drop-off in the attendance and involvement of County Partnership Board members after Executive Directors were hired. However, this drop-off does not necessarily reflect a lack of commitment on the part of County Partnership Board members; rather it may speak to the volume of work County Partnership Board members no longer have to conduct now that Executive Directors have been hired. Executive Directors, in collaboration with County Partnership Board chairs and other County Partnership Board members, have come up with innovative ideas to maintain participation. Some counties, for example, now hold full County Partnership Board meeting on alternate months in order to decrease the time commitment of County Partnership Board members. Others hold meetings in alternative locations in order to lessen the amount of time different members need to spend commuting to meetings.

While some counties experienced a drop-off in participation after Executive Directors were hired, others were less successful in maintaining adequate participation and involvement from County Partnership Board members in the beginning (Andrews, 2002). In contrast to recent problems in participation, inadequate participation and involvement of committee members in some counties in the beginning stemmed from issues that were more difficult to address. For example, Andrews (2002) notes that participation in the early stages was hindered by perceptions that First Steps was political in orientation. As a result, key players declined to participate. Other County Partnership Board members faced transportation obstacles that prevented them from regularly attending County Partnership Board meetings. Some were reluctant to serve because of the high level of commitment in both time and energy required (Andrews, 2002). Andrews also notes that some expressed frustration with the lack of focus and structure in County Partnership Board meetings and work. Many of these issues began to be addressed in the First Leadership Summit held in December 2000. During these meetings, consultants worked with County Partnership Board Chairs and Vice Chairs to further instruct them on the fundamentals of County Partnership Board development and leadership. Together participants developed incentives to boost participation (Andrews, 2002). As the state support systems were more fully developed (e.g., Technical Assistants and Fiscal Staff) and guidelines were constructed, many counties were able to improve participation and involvement; however, a number appear to continue to struggle to varying degrees (Andrews, 2002).

Over the past three years, the County Partnership Boards have included a diverse body of representatives from local and state agencies, organizations, and key community members. These Partnership Boards have been successful in planning and implementing programs. Through these County Partnership Boards, local problems are being addressed through local solutions. Like the State Board of Trustees, the composition of the County Partnership Boards has enabled the key organizations and agencies serving children to develop programs and services to address specific local needs while maximizing resources and reaching populations not previously served. Moreover, the presence of the County Partnership Boards has helped to bring attention and focus to issues related to school readiness.

Office of First Steps

History

In the summer of 1999, the Office of First Steps was established and was structured as a "quasi" governmental office. Initially, a small office was set up in the Governor's office. The small number of employees and the workload prompted the Governor's office to request several state agencies to place employees on assignment with OFS. Four professionals on loan from the Department of Social Services, the Department of Health and Human Services, and the Budget and Control Board went to work at OFS. One of these individuals eventually became the Deputy Director of County and Program Success. Initially, OFS had nine core employees with several providing technical assistance to the counties. Over time, OFS has evolved into an office headed by a Director and two Deputy Directors, who currently oversee a staff of 21 employees. These employees include Technical Assistants, External Affairs staff, and Fiscal and Administrative staff.

Functions

The Office of First Steps was established as the central office that would serve as the liaison between the County Partnerships, the Board of Trustees, and other collaborative partners at the state and county level. The role of OFS is to provide guidance to the counties and serve as the primary advocate of First Steps throughout the state. More specifically, its function, as outlined in the legislation include the following:

- Coordinate the First Steps initiative with all other state, local public/private, and federal efforts to promote good health and school readiness of young children;
- Provide the State Board of Trustees with information on best practices, successful strategies, model programs, and financing mechanisms;
- In collaboration with the State Board of Trustees, review the County Partnerships' plans and budgets in order to provide adequate technical assistance and recommendations;
- Provide technical assistance, consultation, and support to County Partnerships, in order to facilitate their implementation of model programs;
- Provide assistance in the areas of leadership development, collaboration, financing, and evaluation;
- Together with the Board of Trustees, identify that applications have met the criteria for awarding First Steps grants;
- Work with the State Board of Trustees to submit an annual report to the General Assembly;
- Coordinate and develop on-going data collection systems for the legislatively mandated evaluations; and
- Together with the State Board of Trustees seek non-governmental grants.

- The structure of OFS helps to ensure that these overarching goals are met. In addition, specific functions are assigned to different OFS departments. The roles of the Technical Assistants, external affairs staff, fiscal staff, and leadership are all designed to meet the legislative mandates. The following section outlines the specific roles and duties that each group carries out.

Technical Assistant (TA)

- The primary role of the TA is to act as the liaison between the County Partnership Boards, county First Step offices, and OFS.
- Each of the six TAs are assigned to work with a set of individual counties.
- The TAs work with their counties by providing technical assistance, training, and help in the development programs, applications, and contracts.
- TAs provide guidance on issues concerning programs and fiscal accountability. For example, they answer any questions that counties may have about programs, contracts, fiscal worksheets and budgets.
- TAs also conduct site visits and attend First Steps county events as needed or as requested.

According to the TA interviews, as the implementation of First Steps has proceeded, the role of the TA has changed in several specific ways. For example, while at first the TAs worked extensively with the County Partnership Boards and the County Partnership Board Chairs, they now work more directly with the counties' Executive Directors. The TAs noted that a lack of consistency in all aspects of policies and procedures created inefficiencies. For example, TAs expressed a desire to have a standardized process developed before they offer assistance to their counties, rather than developing processes as they go along. As the County Partnership Boards and County Offices have become established, the

TAs have been able to devote more time to the development and standardization of policies and procedures.

However, it is important to note that TAs continue to have at least weekly contact with their counties' Executive Directors and report spending an average of six hours per week working with individual counties. Given that most Executive Directors (91 percent) feel that this is the right level of contact, it is unclear whether TAs will have further time available to devote to the standardization of procedures. As a whole, OFS has worked toward having the TAs function as the major conduit of information to counties with the goal of streamlining the flow of information through one TA. This has resulted in counties receiving less contradictory information, since one TA rather than several serve as the main contact to counties. However, this has also meant that because the TAs' areas of expertise differ, counties are receiving varying levels of information. For example, one TA may be highly knowledgeable about the fiscal aspects of First Steps, while another may have extensive experience in writing contracts. Currently, TAs are reported to serve as the primary contact with the Office of First Steps for the vast majority (95 percent) of Executive Directors.

Overall, according to the Executive Director interviews, most Executive Directors (76 percent) reported that they had a very positive working relationship with their current TA. In addition, most Executive Directors felt that their TAs were available when needed (100 percent) and provided effective and useful information (95 percent). Members of the County Partnership Boards shared these positive evaluations. The vast majority of County Partnership Board members felt that TAs were available to them and that the assistance provided to them was effective and useful. In addition, Executive Directors saw TAs as an essential support to their functioning. As noted, variation in the depth of knowledge of different issues across the TAs may result in different information being given to the counties. According to the TA interviews, many of the TAs lack backgrounds in issues related to early childhood development, and this may affect the type of programmatic assistance that they can provide to the counties. TAs need assistance in developing standard procedures manuals, as well as additional training to address specific gaps in skills (as needed) in order to provide the consistently high technical assistance to counties that they are aiming for.

Leadership

Overall, the leadership role is to keep the county offices within the mandates of the legislation by:

- Ensuring the various OFS departments are working with their counties to stay within the mandated legislation;
- Setting policies that put into practice the various components of the First Steps legislation;
- Ensuring that the actions and work of the various First Steps offices and County Partnership Boards are consistent with the legislation;
- Collaborating with State Board of Trustees, as OFS serves as the primary legislative liaison;
- Coordinating fundraising and development efforts; and
- Overseeing outreach efforts.

Just over half of Executive Directors (58 percent) reported that they had a very positive working relationship with OFS leadership. In addition, the vast majority of Executive Directors felt that OFS leadership was available when needed (93 percent) and that their assistance was effective and useful (91 percent). In addition, many state agencies stated that they had a positive working relationship with the leadership.

External Affairs

The External Affairs staff:

- Provide support to counties in outreach activities (e.g., public awareness);
- Plan, develop, and coordinate special events that help increase community

awareness and involvement of First Steps (e.g., The Family Friendly Workplace and Hispanic Early Childhood Education Summit at the state level);
- Initiate public information campaign efforts, including TV spots, videos, billboards and posters;
- Function as primary public relations liaison;
- Track and report media coverage of First Steps;
- Implement a comprehensive public awareness plan that includes a website and a newsletter; and
- Assist in the dissemination of county level information including services provided, grants awarded, and programs.

While most Executive Directors (65 percent) reported that they had a very positive working relationship with the external affairs staff, many Executive Directors reported that they have had limited contact with external affairs. In addition, the vast majority of Executive Directors felt that the external affairs staff was available when needed (97 percent) and the assistance was effective and useful (88 percent). On the other hand, about 15 percent of Executive Directors felt that OFS had done a poor job of explaining policies and procedures related to communication issues.

Fiscal Department

The Fiscal Department's responsibilities include:
- To monitor and manage cash flow at the state and county level to ensure that spending is in compliance with the legislation;
- To assist in the development of budget policies and producing required reports;
- To assist in the development of the Regional Financial Management (RFM) system (the RFM system provides fiscal management and accounting services to each of the counties);
- To create a fiscal accounting manual that instructs County Partnerships about fiscal processes and procedures;
- To train counties on OFS fiscal accountability policies and procedures; and
- To provide up-to-date information on First Steps fiscal status to State Board of Trustees members.

Less than half of Executive Directors (44 percent) reported that they had a very positive working relationship with the fiscal department. However, over three-quarters of the Executive Directors felt that the fiscal department was available when needed (80 percent) and the assistance was effective and useful (76 percent). In addition, most County Partnership Board members (71 percent) felt that the assistance provided by the fiscal department was effective and useful.

The perceptions of the tasks that OFS has carried out are positive. Close to 60 percent of Executive Directors found that the training provided by OFS was helpful, were satisfied with the amount of training they received from OFS, and found that the consultation provided by OFS were very useful. In addition, over three-quarters of the County Partnership Board members were satisfied in general with OFS. In addition, the State Board of Trustees expressed a positive overall assessment of OFS communication, outreach, and advocacy efforts. However, at the same time, over a third of Executive Directors reported that OFS had done a poor or fair job in explaining the policies and procedures in the following areas: fiscal monitoring (37 percent); evaluations (41 percent); and data reporting (44 percent). Over half of Executive Directors (58 percent) reported that information from OFS came in a timely manner only some of the time.

Overall, 41 percent of Executive Directors felt that the data reporting requirements were hard to fulfill, and close to half (49 percent) felt the data requests took up too much of their time. Many Executive Directors reported that initially the information OFS provided them on the data collection process was insufficient; Executive Directors also felt that they had received conflicting or incomplete information about the data collection process and that the procedures and requirements were often changed midstream. Several parties involved in the data collection effort also felt that the process needs to be better planned and integrated. Information was needed for several different groups over a short period of time. For example, in the 2001-2002 fiscal year, the data reporting deadlines often coincided with other deadlines (e.g., renewal application); this often meant that data reporting was pushed aside in order to meet other deadlines that were perceived as more important. Executive Directors were expected to collect count data for OFS, and were also asked to complete Program Effective Reports simultaneously. Some Executive Directors indicated that OFS had placed them in a difficult situation with their vendors (i.e., loss of credibility) by not providing the documents and tools necessary to fulfill the data reporting requirements. Executive Directors reported a desire for data reporting requirements to be clearly specified for vendors prior to contracts being signed so that data could be collected prospectively rather retrospectively.

Much of the infrastructure necessary to implement a data collection system and to conduct data collection was not present at the inception of First Steps. Over time, OFS along with the Office of Research and Statistics (ORS) has worked to develop the infrastructure, policies, and procedures needed to implement and carry out a data collection process that meets the mandates of the First Steps legislation. In addition, OFS has worked to address many of the concerns raised by Executive Directors. Specifically, they have incorporated the data reporting requirements into vendor contracts for the present fiscal year and together with ORS are currently developing data reporting templates, tools, and instruments. OFS has begun to hold quarterly Executive Director training sessions, with the goal of helping to improve the data reporting process. In addition, the counties have moved forward in developing and acquiring the skills, infrastructure, and procedures that are needed for data collection and evaluation efforts. By the summer of 2002, close to three quarters (73 percent) of Executive Directors reported having a data collection system in place; a small number of counties, however, were still struggling and felt they needed further help to get a system in place that could track the number of children in their county served by First Steps.

County Office of First Steps

History

Most County Partnership Boards set up offices to manage the implementation of First Steps in their counties. The County Partnership Boards began this process by hiring an Executive Director to manage and oversee the local state office and its functions. The hiring of Executive Directors began in earnest in 2000 (Interviews with OFS staff, 2002). However, in a number of counties Executive Directors were not hired until the end of 2001 or early 2002. According to the Executive Directors, to date, the majority of individuals (89 percent) originally hired to serve as the county's Executive Director continue to serve in that position.

Although we have no direct data on why some counties formed their local offices later than others, we can glean possible reasons from interviews with individuals involved in First Steps at both the state and county levels. First and foremost, the ability of County Partnership Boards to create local offices depended upon approval of the Level Two applications. County Partnership Boards that struggled with or had difficulties writing their Level Two application were subsequently delayed in the hiring of Executive Directors. In addition, a small number of counties had problems recruiting for the position because of issues related to salary. According to OFS, the County Partnership were provided salary bands and instructed to identify salary levels based on local market equivalents. In addition, Executive

Directors' salaries are based on both administrative and programmatic functions. While the salary in most counties appears to be sufficient and appropriate to recruit skilled candidates, in a small number of counties the salary level may have been too low to attract highly skilled candidates, and appears to have prolonged the search process.

Functions

While this process varied slightly across counties, most Executive Directors' initial task was to find office space that would become the county's First Step office. At the same time, if budget permitted, many Executive Directors hired additional staff to provide administrative support, technical assistance, and substantive guidance in specific program areas. As of the summer of 2002, over half of Executive Directors reported during interviews that they did not have adequate staffing. However, TAs did not appear to agree with this assessment. The TAs reported that current staffing levels were satisfactory in most of the counties.

Overall, the responsibilities of Executive Directors focused on overseeing the administrative and programmatic aspects of First Steps. The duties of the Executive Director's position match well with current Executive Directors' professional backgrounds. Over half of Executive Directors have a managerial and/or early childhood background. Overall, the local county Executive Directors report an average of 13 years of managerial experience. For the most part the emphasis placed on the managerial skills of Executive Directors seems to have worked well. Executive Directors report that they, in their current jobs, have relied on their past managerial experiences. Specifically, they feel that their experience has enabled them to work well in a wide range of areas including budget and fiscal oversight and public relations. In addition, many have used their experiences running small businesses and non-profits to develop ways to organize their local offices. However, on average Executive Directors have less extensive experience in early childhood, and their experience typically did not involve formal training.

While many lack formal training in the area of early childhood development and education, the Executive Director interviews note that most have been able to rely on County Partnership Board members with expertise in that area and/or on local staff (e.g., program coordinators) to fill any necessary gaps. For the most part, the lack of substantial experience in the early childhood area does not appear to be an issue, yet it may limit the ability of Executive Directors to adequately evaluate and oversee programs. This may be especially problematic in counties where County Partnership Boards are less fully developed or lacking in key areas of expertise.

During site visits and during the Executive Director interviews, several Executive Directors indicated that they had been surprised to discover after starting their jobs that they lacked a benefits package and that no reliable payroll system was in place. Some stated that if they had not been able to solve their payroll and benefits problems, they would not have been able to remain in their position. Because of a lack of alternatives, OFS worked with County Partnership Boards to link with local school districts to secure payroll and benefits packages for county First Step offices (Interviews with OFS staff, 2002). However, several Executive Directors played an active role in establishing a link with their local school districts. According to these Executive Directors, their payroll and benefits were transmitted from the Office of First Steps to the local school districts, which were then able to ensure regular payroll disbursements and proper administration of health and leave packages.

As reported by the County Executive Directors, their duties include:

- Work on County Partnership Board development and functioning;
- Help to identify and present potential strategies;

- Assist in the writing and evaluation of proposals;
- Monitor programs and conduct site visits;
- Oversee data collection efforts;
- Provide technical assistance to vendors in data collections procedures and requirements;
- Conduct fiscal monitoring;
- Report to County Partnership Board on activities;
- Attend periodic meetings and trainings offered by OFS;
- Help to identify potential collaborators; and
- Community outreach.

Lessons Learned and Recommendations

Based on the review of the administrative structure of the First Steps initiative, several lessons have been learned:

- The logistics of rolling out a state-wide initiative to all 46 counties have been difficult, but all 46 County Partnership Boards are launched.
- Although it has been challenging to administer a statewide initiative that is built around county issues, the State Board of Trustees has worked hard to balance local-and state-level needs and OFS has developed tools to increase standardization and ensure county compliance with the legislation.
- Skills and Board functioning in County Partnership Boards evolved over time. County Partnership Board members had to acquire the skills needed to conduct the needs and resource assessments, develop strategies, and provide leadership.
- The availability of trainings and resources (i.e., Technical Assistants and consultants) were essential to the County Partnership Boards' ability to acquire the skills needed to carry out their roles and responsibilities and function effectively.
- Subcommittees and executive committees increase the effectiveness, communication, and efficiency of both the State Board of Trustees and County Partnership Boards.
- OFS acts as a facilitator to counties in planning and implementing of the First Steps initiative. For example, OFS provided guidance to help the counties conduct needs and resource assessment and provided direct technical assistance, and, if necessary, additional leadership for the county.
- OFS has acted as a statewide voice for the First Steps initiative.
- The role of the TA position has evolved. The TA has served as a coach, supporter, and a teacher to the counties. Initially the flow of information was not moving as smoothly as was needed. This problem stemmed largely from counties having multiple sources of information from several different individuals. OFS worked to address this issue, and currently the flow of information has been mainstreamed by having TAs serve as the major point of contact and information between counties and OFS.
- The managerial skills of Executive Directors have been essential to the implementation of programs.
- The tools and resources necessary to carry out the data reporting needs of the First Steps initiative were not initially available. No consistent expectations or procedures were made available to the counties. In addition, the counties received multiple and simultaneous data requests that sometimes led to conflicting and competing needs. Steps are being taken to address these issues.

Administrative Structures

The following recommendations may improve the administrative functioning of the First Steps initiative.

- Begin evaluating outcomes. As noted throughout, substantial time and resources were needed to develop the skills necessary to carry out this initiative, as well as to develop standard procedures and policies. Thus, in the initial stage, less energy could be devoted to the evaluative components of the initiative. Now that the administrative infrastructure is in place, more time and resources need to be focused on evaluating the effectiveness of programs being implemented. Evaluation efforts should now be able to turn from a focus on implementation to a focus on outcomes, specifically preparing children for school.
- Review pay structure and benefits of Executive Directors and payroll systems to ensure efficiency and fairness across the state.
- Consider ways to augment the current TA structure. Currently, TAs are assigned to a specific number of counties. In this capacity they provide assistance in wide range of areas. It may be unrealistic to expect that all TAs will be equally knowledgeable in each of the areas (e.g., fiscal, legislative, contracts, data collection, programmatic) in which they provide assistance. One possibility is to assign TAs to areas where they have an extensive knowledge base. As a result, the counties would be receiving the best available information in each of the areas. A drawback to this is that the flow of information would no longer be streamlined. A compromise would be to establish opportunities for TAs to share expertise while continuing to mainstream information through relationships between one TA and each county.
- Continue to develop manuals and uniform procedures to ensure effective and efficient administration of services at the state and local level.
- Consider increasing the number of regional and statewide meetings among counties. The administrative bodies should work to provide mechanisms so that County Partnership Boards can share lessons learned in implementing strategies. Executive Directors frequently called for regional meetings to share experiences and to collaborate.
- Many of the Executive Directors indicated that they would like to know more about public relations. Review the possibility that the OFS communication department could benefit from more staff.
- Consider implementing an incentive structure to encourage parents to become involved in State and County Partnership Boards.
- The State Board of Trustees and OFS should continue to monitor the level of involvement of County Partnership Board members to ensure that any declines are reflective of short-term adjustment (as occurred after Executive Directors were hired) and not long-term problems.
- OFS should continue to build upon its efforts to standardize data reporting requirements and procedures, while at the same time striking a balance between the need for accountability and feasibility. It should also continue to be sensitive to the timing of data reporting requirements and how they coincide with other demands.

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Fiscal Information

Introduction: Fiscal Reporting Process

The legislation authorizing First Steps requires the Office of First Steps to build a fiscal accountability system using a standard uniform accounting system and a set of fiscal controls (Office of First Steps, 2002b). Key features of this system include:

- Program-based accounting. All spending is entered into the Universal Management System (UMS) with a *program code*, which identifies the specific type of program for which the spending is allocated. For example, 0201 is the code for the Parents as Teachers program. This ensures that spending on all programs is fully accounted for.
- Fund-based accounting. All funding and spending is entered into the UMS with a *fund code*, which identifies the source of funding. For example, ten is the fund for the state allocation to the county. This ensures that the sources of funding for every program are fully accounted for.
- Line-item sub-codes. All spending is entered with *line-item sub-code*, which identifies the specific type of spending that is occurring within a program. For example, 101 is the sub-code for salaries; 105 is the code for payroll taxes; etc. These sub-codes provide an additional layer of management control over spending.
- Regional Financial Management System. Rather than have someone from each county manage that county's accounting and tax functions, First Steps has authorized a system of *regional fiscal managers*. These managers, each of whom is responsible for several counties, take care of each county's accounting and bookkeeping, tax form completion, reporting, budget preparation assistance, financial statistics, audit assistance, and payroll processing. By pooling their limited administrative resources, counties achieve substantial economies of scale—thereby making it possible for even the smallest counties to afford a high-quality accounting system that is consistent with all the other counties in the state. The system is paid for by an assessment on each county that is 1-2 percent of the county's total administrative funding.

The data in this chapter are primarily based on data entered into the UMS over the course of fiscal year 2001-02 and reported as of November 7, 2002. Because the accounts for 2002 have not yet been closed, the data reported here may differ from data obtained from the UMS on a different date. However, it is believed that fiscal year 2001-02 spending is essentially accounted for. Although we report data for spending during the first years of the initiative, most analyses reported here are limited to fiscal year 2001-02 because fiscal year 2001-02 was the first year in which programs were operating statewide.

As shown in Table 4 in the Appendix, total spending on First Steps in fiscal year 2001-02 was $41,634,305. Of this total, $39,177,091 was spent on county program and county administrative costs. County spending came from five sources: the state allocation ($30,593,371), state private contributions ($418,472), county cash matches ($62,523), county in-kind matches ($8,058,809), and federal cash matches ($43,917).

The remaining costs—$2,457,214—were incurred by the state Office of First Steps for program-related contracts ($675,387) and administration ($1,781,827). Thus, spending by the state Office of First Steps was 5.9 percent of total fiscal year 2001-02 spending.

In fiscal year 2000-01, when First Steps was transitioning from the planning stage (Level One) to the operational stage (Level Two), total spending on

First Steps was $7,718,307. Of this total, $5,918,425 was spent on county planning, program and administrative costs. The remaining costs--$1,799,882--were incurred by the state Office of First Steps. Thus, in fiscal year 2000-01, a year of transition from planning to operations, spending by the state Office of First Steps was 23.3 percent of total spending.

- In fiscal year 1999-2000, when First Steps was still in the planning stage (Level One), total spending on First Steps was $2,213,268. Of this total, $766,745 was spent on county planning, and $1,446,523 was spent by the state Office of First Steps. Thus, in fiscal year 1999-2000, a year of planning, spending by the state Office of First Steps was 65.4 percent of total spending.

In short, although spending by the state Office of First Steps increased each year, its share of total First Steps Spending decreased from 65.4 percent in fiscal year 1999-2000 to 5.9 percent in fiscal year 2001-02, as total First Steps spending increased from $2.2 million in fiscal year 1999-2000 to $41.6 million in fiscal year 2001-02.

Spending by the state Office of First Steps is not included in the remaining analyses in this report. All matching funds spent by the counties are included in these analyses unless otherwise indicated.

These fiscal analyses begin with an overview of program spending and spending shares by program type and for specific programs. Second, actual spending is compared with what each county originally planned to spend as specified in their spending plan. Third, this report examines whether each county met the requirement that it proportionally match the state's allocation to the county with either cash or in-kind spending. Fourth is a calculation, at the county level, of First Steps spending per child and First Steps spending per poor child. Fifth, the patterns of administrative spending are analyzed. Sixth, First Steps spending is compared with spending in North Carolina and California. Finally, brief qualitative analyses are offered based on interviews of county Executive Directors. In all cases, it is assumed that all the statistics provided by the fiscal accountability system are accurate, and no effort was made to verify their accuracy. Thus, this analysis is not and should not be construed to be an audit.

Key Findings and Conclusions

- A majority of First Steps spending in fiscal year 2001-02 was on two program types--Early Education Initiatives and Parent Education and Family Strengthening Initiatives.
- Administrative spending funded by the state allocation totaled $2,816,000 or 9.2 percent of county spending of their allocations from the state.
- There was substantial variation among the counties in how they divided their total spending across the eight types of programs.
- Both statewide and at the county level, actual spending by program type differed substantially from initial plans.
- All counties met their fiscal year 2001-02 matching contribution.
- The First Steps allocation formula tends to decrease funding per child as the county's population increases.
- South Carolina spends substantially less per pre-school age child residing in South Carolina than either North Carolina or California spends per preschool age child residing in those states.
- Interviews with Executive Directors generally indicated a well-managed financial management system with good relations among the key players.

Program Spending and Spending Shares

Because of changes in the coding system that took place during fiscal year 2001-02 as well as coding errors as the system was mastered, data on spending by program are subject to error. Therefore, the statistics on program spending and spending shares should be viewed with caution. (Such problems will probably decrease in future years since county staff will be familiar with the coding system.)

As stated in the Introduction and as shown in Figure 5 in the Appendix, a majority of First Steps spending in fiscal year 2001-02 was on two program types--Early Education Initiatives and Parent Education and Family Strengthening Initiatives (First Steps Fiscal Accountability System, 2002b). Out of total spending of $39,177,091 (including matching funds):

- 37 percent was spent on Early Education Initiatives;
- 25 percent on Parent Education and Family Strengthening Initiatives;
- 17 percent on Child Care Initiatives;
- 7 percent on County Office-based Programmatic Functions;
- 2 percent on Health Initiatives; and
- 3 percent on other program initiatives including transportation.

Administrative spending funded by the state allocation totaled $2,815,804 or 9.2 percent of county spending of their allocations from the state. This latter figure exceeds by 1.2 percentage points the 8.0 percent cap set for each county for administrative spending out of the state allocation (Office of First Steps, 2002b). As shown elsewhere in this report, this overage is, in part, due to a slow start up of programs, which caused total First Steps spending to fall short of planned spending. As noted in the First Steps legislation (Section 59-152-70[B]), counties could also exceed the 8 percent cap if they had requested and received prior approval by the Board of Trustees.

Statewide Spending on Early Education Initiatives

Of the $14,279,299 in statewide spending on Early Education Initiatives, as shown in Figure 6 in the Appendix, the largest single effort was devoted to extending 4K programs from half-day to full-day. Thirty-six percent was spent on extending 4K programs from half-day to full-day, 24 percent was spent on school-based full-day 4K programs, 19 percent on school-based summer programs, 7 percent on private full-day 4K programs, 5 percent on school-based 4K programming, and 9 percent on other programs (including half-day programs).

Statewide Spending on Parent Education and Family Strengthening Initiatives

Of the $9,845,223 in statewide spending on Parent Education and Family Strengthening Initiatives, over half (52 percent) was devoted to the Parents as Teachers program. As shown in Figure 7 in the Appendix, other major programs included:

- Parent Child Home program (6 percent);
- Other family literacy and learning programs (18 percent);
- Parent training programs not specifically targeted at literacy, (17 percent); and
- Library-based literacy programs (3 percent).

Statewide Spending on Child Care Initiatives

Of the $6,595,305 in statewide spending on Child Care Initiatives, nearly half (49 percent) was devoted to quality enhancements designed to assist child care providers seeking a higher level of licensure or national accreditation. These enhancements included (but were not limited to) purchases of materials and supplies, playground equipment, safety improvements, and training.

As shown in Figure 8 in the Appendix, other major programs include:

- Training designed to enhance staff knowledge of children's growth and development (24 percent);
- Technical assistance designed to provide guidance and oversight to child care providers (12 percent);
- Facility expansion to increase child care slots (10 percent); and
- Reimbursement of tuition paid by staff for early education degree programs (4 percent).

County Spending by Type of Program

As shown in Table 5 in the Appendix, there was substantial variation among the counties in how they divided their total spending across eight types of programs. Statewide, the percentage of spending on Early Education Initiatives was 36 percent, but the percentage spent by individual counties varied from less than 1 percent in three counties to over 70 percent in three other counties.

Similarly, while the percentage of statewide spending on Parent Education and Family Strengthening Initiatives was 25 percent, the percentage spent at the county level ranged from zero percent in three counties to 50 percent or greater in four counties.

Turning to Child Care Initiatives, the percentage of spending statewide was 17 percent, while the percentage spent at the county level varied from zero percent in six counties to 35 percent or greater in five counties.

While the percentage of statewide spending on programmatic (not administrative) tasks performed by County Partnership staff averaged only 7 percent, four counties each spent at least double that percentage.[1] In contrast, three counties spent 1 percent or less on programmatic tasks.

Statewide, the percentage of total state spending accounted for by administrative tasks was 9 percent. However, 21 counties exceeded this statewide average. Three counties devoted 5 percent or less to administrative activities.

Finally the percentage of state spending devoted to other programs (primarily service integration activities that fund case management or direct services for families) was 3 percent. All but a few counties spent nothing on these programs. However, five counties spent at least 10 percent of their funding on these efforts.

To summarize, counties allocated their spending quite differently across the eight types of programs offered under First Steps.

Spending versus Initial Plan

In this section planned spending (program and administrative) by the counties on First Steps is compared with actual spending by the counties. Because of coding errors and changes in the coding system that took place during fiscal year 2001-02, data on spending by program are subject to error. Therefore, the statistics on program spending and spending shares should be viewed with caution.

First, this is addressed at the state level, then at the county level. Although all counties submitted spending plans, the program coding system was introduced after initial state plans were developed. Consequently, program codes were not available for planned spending by eight counties.[2] These counties are omitted from the analyses in this section.

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[1] An example of spending on programmatic tasks performed by County Partnership staff is Executive Directors running child care quality enhancement initiatives themselves. The Office of First Steps has been encouraging counties to classify these initiatives by substantive program code rather than using this "catch-all" code.

Planned versus Actual Spending at the State Level

Statewide, actual spending by program type differed substantially from initial plans. Before the beginning of fiscal year 2001-02, each county prepared a needs and resources assessment, a budget, and a spending plan. The purpose of the spending plan was to allow the County Partnership to provide details about their projected spending over the course of the fiscal year. This analysis of actual versus planned spending is based on each county's initial spending plan (First Steps Fiscal Accountability System, 2002b), which may have been modified subsequently during the course of the year to adjust spending ceilings. The initial spending plan is used in order to focus on how spending priorities changed over the course of the year.

Overall, actual First Steps spending statewide fell short of counties' original plans. Initially, taken together, counties with spending plans that included program codes expected to spend $41.3 million. However, actual spending totaled $33.9 million (First Steps Fiscal Accountability System, 2002a), a difference of about 18 percent. As we shall see, spending on most types of programs fell short of planned spending as well.

As shown in Figure 9 in the Appendix, according to initial spending plans, spending on Parent Education and Family Strengthening Initiatives was slated to be $8.2 million. By year-end, actual spending totaled $8.7 million—an increase over plan of 5 percent.

All of the other program types fell short of their initial spending plan.

- Counties as a group planned to spend $12.1 million on Early Education Initiatives—by far the largest amount among the eight types of programs. By the end of the year, actual spending totaled $11.7 million—a decrease from plan of 3 percent.
- Similarly, spending on Child Care Initiatives was slated for $7.1 million but, in actuality, totaled $6.0—a shortfall of 15 percent. As stated in the Introduction of this report, the overwhelming majority of these programs had been in place for less than a year as of June 30, 2002, and many operated for less than six months during fiscal year 2001-02.
- Spending on programmatic tasks performed by county partnership staff was planned to total $4.3 million but, in actuality, totaled only $2.4 million—a shortfall of 44 percent.[3]
- Spending on Health Initiatives, planned to total $3.8 million actually totaled only $0.8 million—a drop of 79 percent. As noted in the chapter on First Steps programs, implementing health care strategies was difficult for counties, specifically because of supplantation concerns, inability to identify eligible families that First Steps may serve, and a shortage of qualified staff (especially nurses).
- Spending on Transportation Initiatives, planned to be $136,631, actually totaled $49,569—a 64 percent shortfall.
- Spending on other programs (principally service integration activities) were only $1.3 million, compared with an initial spending target of $2.7 million—a 52 percent difference.

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[2] Program codes were not available for the following counties: Bamberg, Charleston, Edgefield, Newberry, Oconee, Saluda, Sumter, and Union.

[3] An example of such county programmatic spending would be an Executive Director managing a county's child care quality enhancement initiative.

Administrative spending met its planning target of $3.0 million. Thus, for the counties as a whole included in this analysis, the reason why they exceeded the 8 percent spending target is that total actual spending fell short of plan.[4]

Planned versus Actual Spending at the County Level

Due to space limitations this report cannot present as detailed an analysis of planned versus actual spending at the county level. However, we have created an indicator of how close actual spending tallied with planned spending. We began by calculating for each spending category the absolute difference between planned and actual spending. (For example, if actual spending in a category *exceeded* planned spending by $50,000, we counted this as a $50,000 difference. If actual spending in a category *fell short* of planned spending by $50,000, we also counted this as a $50,000 difference.) Next, we summed these absolute differences across all spending categories. Finally, we calculated this sum as a percentage of total planned spending.

For example, suppose County X planned to spend $600,000 on Early Education Initiatives and $400,000 on Child Care Initiatives for a total of $1,000,000 but actually spent $500,000 on Early Education Initiatives and $450,000 on Child Care Initiatives for a total of $950,000. In this case, our indicator would be calculated as:

$(|\$600{,}000 - \$500{,}000| + |\$400{,}000 - \$450{,}000|) / \$1{,}000{,}000 =$

$(\$100{,}000 + \$50{,}000) / \$1{,}000{,}000 =$

$\$150{,}000 / \$1{,}000{,}000 = 15\%$

We used percentage differences in our analysis of the difference between planned and actual spending because total spending varied so much from county to county. As shown in the example above, in a county with $1,000,000 of total spending, a $150,000 difference between planned and actual spending as calculated above translates into a 15 percent difference. However, in a county with only $500,000 in actual spending, a $150,000 difference translates into a 30 percent difference.

The main value of this indicator will be to serve as a baseline for measuring future actual spending compared with planned spending. Presumably, the difference between planned and actual spending will decline in future years as programs are more fully implemented and also as counties become better at anticipating what is achievable, and better at managing spending to agree with planned spending (unless priorities change during the year).

Some differences between planned and actual spending may be due to coding errors or changes in the coding system that took place during fiscal year 2001-02. For example, at the beginning of the fiscal year, many counties were coding their spending on programs managed directly by county First Steps staff to "programmatic spending." However, over the course of the year, counties were encouraged to code this type of spending according to the type of program they were managing.

As shown in Table 6 in the Appendix, four counties came within 20 percent of meeting their planned spending targets by program type. The median county (shown at the bottom of the table) missed its planned spending target by program type by 40 percent. Five counties missed their planned spending targets by more than 70 percent. Finally, as stated earlier, eight counties were not included in these analyses because spending plans with program codes were not available.

Our analysis did not include an exploration of why counties missed their planned spending targets. However, one likely explanation is that some programs were much more difficult than others to start up. We would expect this problem to diminish in the future. In addition, some deviation from plan is probably desirable since counties need some flexibility in their plans to adjust to changing conditions, availability of services, and changing priorities. Finally, as noted earlier, some of the differences may be due to coding errors.

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[4] Unspent funds are carried forward into the next year.

Match Analysis

The legislation authorizing First Steps requires that counties meet a 15 percent matching requirement. Contributions that are eligible to meet the matching requirement include direct cash, donated goods, and donated professional services that are considered reasonable and necessary for the accomplishment of First Steps activities and which offset a real cost to the county, provided that the contribution is *not* funded with state dollars (Office of First Steps, 2002b). Such contributions are counted as First Steps revenue and expenditures and are tracked as such within the Universal Management System.

According to an analysis of matching contributions by the Division of Finance, Office of First Steps, all counties met their fiscal year 2001-02 matching contribution with a statewide matching rate of over 28 percent (Office of First Steps, 2002c). As shown in Table 7 in the Appendix, matching percentages varied from as low as 16 percent in three counties to as high as 127 percent in one county.

Statewide, 94 percent of all matching funds were in-kind donations donated directly to the County Partnership; 5 percent were allocations of private funds donated to the state and then spent by the county, and 1 percent were cash funds donated directly to the County Partnership or federal funds eligible for the matching requirement (First Steps Fiscal Accountability System, 2002a).

Statewide, as with total funding by program type, Early Education and Parent Education and Family Strengthening Initiatives accounted for a majority of the use of matching funds. As shown in Figure 10 in the Appendix:

- 41 percent of all matching funds were used in Early Education Initiatives;
- 27 percent in Parent Education and Family Strengthening Initiatives;
- 14 percent in Child Care Initiatives;
- 2 percent of matching funds were used in Health Initiatives and 2 percent were used for programmatic tasks performed by the County Partnership;
- 6 percent of matching funds were devoted to Other initiatives (largely Health and Human Service coordination);
- Finally, 8 percent of matching funds were used to fund Administrative Functions.

Spending Per Child and Per Poor Child

Allocation of state First Steps funds to counties is based on a complex formula using six different factors:

- The population of children younger than six;
- The percentage of students in grades 1-3 who are eligible for the free and reduced price lunch program;
- Average per capita income;
- A composite factor that includes six Kids Counts indicators related to school readiness and performance:
  - ☐ Number of children testing not ready for first grade;
  - ☐ Number of children who are "over age" in third grade;
  - ☐ Number of children ages 8-9 who are in special education;
  - ☐ Number of children who score below the 25th percentile on the Metropolitan Standardized Test for reading, math, and language;
  - ☐ Number of births that are low birthweight; and
  - ☐ Number of births that are to mothers with less than a high school education.

- Quality of the county's grant proposal.
- County's ability to "support the strategic plan initiative."

Since two of these factors are sensitive to the size of each county's preschool population, the total size of each county's grant will tend to increase with population.[5] However, since the other factors are not sensitive to population, *per capita funding* of First Steps will tend to be less in counties with large populations. Since all but the last two of the remaining factors are highly likely to be correlated with the county's poverty rate, counties with a high percentage of the population below the poverty line will receive larger grants per child. In short, counties with small populations and a high poverty rate will tend to receive the largest grants per child, while counties with large populations and a low poverty rate will receive smaller grants per child.

One of the six factors (number of children testing not ready for first grade) can no longer be calculated, as the Cognitive Skills Assessment Battery (CSAB) is no longer administered. As a result, there may need to be a reexamination of the allocation scheme. The statistics presented below will help to illustrate how it is functioning.

The effects of this allocation scheme on First Steps spending by county are illustrated in Table 8 Statistics on the number of children under six and the number of poor children younger than age six are from Census 2000 and, thus, are slightly out of date, since the spending data are for July 1, 2001 through June 30, 2002 (U.S. Bureau of the Census, 2002a, 2002b). The second column of this table displays total First Steps spending for each county. The fourth column displays spending per child younger than age six, and the last column displays spending per child younger than age six whose family income is below the official poverty threshold.

We have identified four key patterns, which will be described in turn. First, counties with large populations tend to spend the largest amount of First Steps money. For example, Greenville county, which has the largest number of children less than six years old (30,787) also has the largest amount of First Steps spending ($3,221,952). Richland, Spartanburg, Charleston and Lexington counties similarly have the next largest numbers of children and, as a group, the next largest spending levels.

Second, counties with small populations tend to have relatively high spending per child. For example, McCormick county, which has the smallest number of children under six (498), has the largest amount of First Steps spending *per child* ($704). In contrast, Charleston county's spending per child was only $77—only 11 percent of the spending per child in McCormick county. As shown in the last row of the table, for South Carolina as a whole, First Steps spending amounted to $123 dollars per child. This means that McCormick county spent five times as much per child as it would have spent had First Steps spending been distributed statewide on a per child basis, while Charleston county received 37 percent less per child.

Third, counties with relatively high poverty rates spent more per child than other counties with similar numbers of children. For example, Barnwell county, which had a child poverty rate of 28 percent, spent $276 per child, while similarly populous Abbeville county, with a child poverty rate of only 18 percent, spent $148 per child.

Finally, counties with relatively small populations of preschool children spent the largest amount per *poor child*. For example, McCormick County, the county with the smallest population, spent $2,276 per poor child, while more populous Charleston, Orangeburg, and Sumter counties spent less than $350 per poor child.

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[5] First Steps weights the various factors in such a way that such population-based factors receive less than half of the sum of the weights.

Administrative Spending

This section of the report focuses on how counties allocated their administrative spending across types of expenses, including:

- Payroll, professional development, and consultants;
- Facilities, equipment, and supplies;
- Board expenses, meeting space rental, and miscellaneous;
- Cluster assessment for the regional financial manager;
- Program purchased supplies and services; and
- Travel.

Statewide, counties spent the largest amounts in fiscal year 2001-02 on program purchased supplies and services (principally the latter) and payroll, professional development, and consultants. Spending on program purchased supplies and services accounted for 33 percent of administrative spending, while spending on payroll, professional development and consultants totaled 26 percent of total administrative spending, as shown in Figure 11 in the Appendix.

Counties, on average, were assessed 19 percent of their total administrative spending for cluster costs (the regional financial system) and spent 17 percent of their administrative budgets on facilities, equipment, and supplies. Expenses of the County Partnership Board, meeting space rental, and miscellaneous expenses accounted for 4 percent of administrative spending, while travel accounted for only 1 percent.

Next we discuss the degree to which counties deviated from the statewide average. However, our presentation of these deviations is intended to be merely descriptive. The reader should not infer that a deviation from the state average is necessarily a cause for concern.

As shown in Table 9 in the Appendix, counties deviated substantially from the statewide averages in how they spent their administrative funds. The pattern that is most noticeable is that counties with small or zero payroll expenses spent larger than average amounts on program purchased supplies and services. This is typically because they have contracted out the labor costs of running the county operations. Conversely, counties with small or zero expenses on program purchased supplies and services spent larger than average amounts on payroll expenses.

The variation in spending on facilities, equipment, and supplies was smaller. Over half of South Carolina counties spent within six percentage points of the statewide average of 16 percent. However, some counties deviated substantially from the statewide average. For example, eight counties spent at least 30 percent of their administrative spending on facilities, equipment, and supplies.

The cluster assessment for the regional financial system ranged more widely as a percentage of total administrative costs, with somewhat less than half of the counties within 6 percentage points of the statewide average of 19 percent. One county allocated 43 percent of its administrative spending to the cluster assessment, while 12 counties had assessments of less than 10 percent of their administrative spending. This variation was largely due to variations in total administrative spending as a share of total county spending, since the cluster assessments generally ranged between 1 and 2 percent of the state's allocation to each county with small counties getting a slightly lower percentage than large counties.

Expenses on the Board, meeting space rental, and miscellaneous also varied widely from the statewide average of 4 percent, with six counties spending none of their administrative budgets in this category, but with six counties allocating over 10 percent of their budgets.

Travel expenses in all counties except one were less than 5 percent of administrative spending.

Cross-State Comparisons

The purpose of this section is to compare the spending level of South Carolina's First Steps program with spending in North Carolina's similar Smart Start program and California's First Five Program funded by Proposition 10. In order to take into account the differing size of the three states, we divide each state's expenditures by (1) the total number of children younger than six (the age group targeted by all three states) and (2) the total number of children younger than six who live in families with incomes below the official poverty threshold (a group that receives special attention in all three programs).[6]

As shown in Figure 12 in the Appendix, North Carolina's Smart Start program provides more spending per child and per poor child than either California's Proposition 10 or South Carolina's First Steps.

In fiscal year 2001, Smart Start spent nearly $370 per child younger than six residing in North Carolina as of 2000 (Smart Start, 2002; U.S. Bureau of the Census, 2002a) and over $2,110 per poor child younger than six (Smart Start, 2002; U.S. Bureau of the Census, 2002a).

In contrast, in fiscal year 2001, using money provided by Proposition 10, California spent nearly $280 per child younger than six residing in California as of 2000 (California Children and Families Commission, 2002a; U.S. Bureau of the Census, 2002a) and around $1,410 per poor child younger than six (California Children and Families Commission, 2002a; U.S. Bureau of the Census, 2002a).

In fiscal year 2001-02, if only county spending is included (to more closely parallel the calculation in North Carolina), First Steps spent just over $120 per child younger than six residing in South Carolina as of 2000 (First Steps Fiscal Accountability System, 2002a; U.S. Bureau of the Census, 2002a) and just over $620 per poor child (First Steps Fiscal Accountability System, 2002a; U.S. Bureau of the Census, 2002a). If state Office of First Steps spending is included (to more closely parallel the calculation in California), spending rises to $131 per child and $662 per poor child.

Qualitative Analyses

In this section, we present results relevant to fiscal issues from interviews of the Executive Directors. We cover four areas:

- Relationship of the Executive Director with the Regional Fiscal Manager;
- Relationship of the Executive Director with the Office of First Steps Fiscal Department;
- Difficulty in meeting the county financial match requirement; and
- Fiscal training and experience.

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[6] The spending figures provided in this section are not completely comparable. The figures for South Carolina are based on fiscal year 2001-02, while the figures for North Carolina and California are for fiscal year 2001. In California, the substantial spending by the California Children & Families Commission is included along with the spending by the counties, because the preponderance of this spending is for products or services that go to participating children. However, some of this spending at the state level includes state-level administrative spending. The North Carolina figures are limited to what are termed "core services," which consist of actual program spending. The figures for South Carolina are reported in two ways: first without including spending by the state Office of First Steps except for those funds allocated to counties, and then including spending by the state Office of First Steps. While not exactly comparable across the states, the figures provided in this section provide a close approximation to comparable statistics.

Relationship of the Executive Director with the Regional Fiscal Manager

Executive Directors generally reported effective relationships with their Regional Financial Manager. Nearly three-quarters of Executive Directors reported communicating with their Regional Financial Manager at least once a week, thus indicating that they had a reasonable frequency of communication for an effective relationship. Moreover, 87 percent felt that their level of communication was the right amount. Finally, 84 percent of Executive Directors stated that their Regional Financial Manager provides assistance and support.

While these findings present a generally positive picture, the Office of First Steps might want to try to reduce the relatively small percentage (13 to 16 percent) of Executive Directors who report not having the right amount of communication or not getting assistance from their Regional Financial Manager.

Relationship of the Executive Director with the Office of First Steps Fiscal Department

Executive Directors generally reported effective relationships with the Office of First Steps Fiscal Department.

- Four out of five Executive Directors agreed or strongly agreed with the statement that the Fiscal Department was available when needed, and three-quarters agreed or strongly agreed that the *assistance* provided by the Fiscal Department was effective and useful.
- 80 percent of Executive Directors also agreed or strongly agreed that the *information* they received from the Fiscal Department was timely, and over 90 percent agreed or strongly agreed that the information was useful.
- Finally, 76 percent of Executive Directors rated their overall working relationship with the OFS Fiscal Department as either a four or a five on a scale of one to five with five indicating "excellent."

Taken together these responses paint a quite positive picture of the effectiveness of the relationships between the Executive Directors and the Office of First Steps Fiscal Department. The Office of First Steps may still want to strive to reduce the relatively small percentage (in most areas 11 percent or less) of Executive Directors who report unsatisfactory relationships with the Fiscal Department.

Difficulty in Meeting the County Financial Match Requirement

Most Executive Directors reported little difficulty in meeting the 15 percent match requirement. Over 90 percent of Executive Directors reported that it was not difficult to meet the 15 percent match requirement imposed on counties by the legislation authorizing First Steps. In fact, all counties succeeded in meeting the requirement, and many exceeded it by sizable amounts. Thus, it appears that the fiscal match requirement is not unduly burdensome.

Fiscal Training and Experience

While most Executive Directors reported that the Office of First Steps succeeded in explaining policies and procedures concerning fiscal monitoring and contracts, many requested more training in this area.

- 63 percent of Executive Directors reported that the Office of First Steps did either an excellent or good job of explaining policies and procedures concerning fiscal monitoring.
- 82 percent reported that the Office of First Steps did either an excellent or good job of explaining policies and procedures applying to the negotiating of contracts.
- However, a sizable minority (37 percent) reported that the Office of First Steps did a fair or poor job of explaining fiscal monitoring policies and procedures.

- 46 percent of those responding reported that they would like to have more training in fiscal monitoring.

This concern about adequate training in fiscal management also surfaced when Executive Directors were asked if having management experience had been helpful in their job. Seventeen of the Executive Directors with management experience cited budget or fiscal experience as being helpful in carrying out their jobs. This specific type of experience was cited as helpful more frequently than any other type of management experience.

Moreover, when Executive Directors were asked if there were any skills they wished they had when they started the job, six cited budget or fiscal skills—the second most cited skills after computer skills.

Finally, the First Steps Fiscal Policies and Procedures Manual is well organized, carefully drafted, and comprehensive (Office of First Steps, 2002b). In addition to providing instructions on fiscal policies and procedures, it also gives concrete examples of how to carry out many of the essential tasks.

While it seems clear that the Office of First Steps has gotten off to a good start in providing training, manuals, and technical assistance, the Office of First Steps should redouble its efforts to provide training—especially to those Executive Directors lacking substantial experience in budgeting and fiscal management.

Conclusions

The First Steps Fiscal Management System

The legislation authorizing First Steps requires the Office of First Steps to build a fiscal accountability system using a standard uniform accounting system and a set of fiscal controls. As evidenced by the fact that we have been able to analyze virtually all of the elements of this system for all South Carolina counties, it is clear that they have created such a system and that the system is quite useful.

Program Priorities

Using the data from this system, we have been able to show that, while there are clear tendencies statewide to favor particular program areas—particularly Early Education Initiatives and Parent Education and Family Strengthening Initiatives—many counties followed different sets of priorities and spent the bulk of their allocations on different programs. Thus, it is clear that the First Steps program has allowed substantial autonomy to counties to plan and implement programs that meet their priorities.

Planned versus Actual Spending

Under First Steps procedures, actual spending is supposed to proceed according to a detailed plan filed by each county prior to the start of every year. When actual spending was compared with planned spending at the state level, actual spending fell short of planned spending in all but one program area (Parent Education and Family Strengthening Initiatives). Spending in some program areas fell short by 40 percent or more (e.g., programmatic tasks, Health Initiatives, and Transportation Initiatives). If we assume that the plans correctly reflected counties' priorities and that these priorities didn't change during the course of the year, it follows that there were some problems in implementing programs in certain areas, which resulted in reprogramming of funds to other program areas, or some programs being delayed or even cancelled. On the other hand, some of the deviations between planned and actual spending may reflect actual changes in county priorities between the time the initial plans were developed and programs were put in place, and a certain degree of flexibility in implementing plans is desirable. Finally, some of the deviations may reflect coding errors. It will be important to continue to track deviations between planned and actual spending to determine if this was characteristic only of the year when many programs were starting up, or continues to occur.

The divergence between planned and actual spending is not a problem with the fiscal management system. Instead, it shows the utility of the fiscal management system at highlighting important management and program issues.

In addition, in many counties administrative spending, while not necessarily exceeding its planned level, failed to meet the requirement that administrative spending funded by the state allocation not exceed 8 percent of this allocation. This may indicate a need for showing Executive Directors and Regional Financial Managers how to cut their administrative spending during the course of the year if actual program spending of the state allocation is likely to fall short of planned spending.

As noted elsewhere in this evaluation, it is also very clear that the fiscal year under review was a year that programs were being launched. The slower than expected start up of some programs, and difficulties that meant that some programs could not be launched, may be specific to the first year of program spending, or problems that will continue to occur but with less intensity in future years. If this is the case, then the issue of percent spent on administrative costs will be a temporary problem specific to this year of program start up. It will be important to get an early reading on this in the new fiscal year, to help assess whether efforts to reduce administrative costs are indeed needed, or whether problems with program start up are waning, and proportion of spending on administrative costs is no longer an issue.

Meeting Fiscal Match Goals

Both the fiscal results and the responses of the Executive Directors to a questionnaire indicate that the fiscal match required of each of the counties was not unduly burdensome and, in fact, was achieved by all counties. Counties tended to spend their matching funds similarly to how they spent funds received by the state.

Spending Per Child

Although the First Steps allocation formula allocates larger funding to counties with more preschool-age children, other elements in the formula result in a pattern in which the funding provided on a *per child* basis tends to decrease as the county's population increases. This is a direct result of basing only some of the funding allocation decisions on population-related indicators such as the Kids Count composite factor and the population of children younger than six. The other factors were not related to the county's population but instead to *percentages* of students with certain characteristics (e.g., the *percentage* eligible for subsidized lunches).

If this result was not intended, a remedy would be to transform each of the percentage-based factors into a population-based version. The *number* of children in families with incomes below the poverty threshold could be substituted for *per capita* income, and the *number* of children in grades first and third who are eligible for the free and reduced price lunch program could be substituted for the *percentage* of students eligible for free and reduced price lunch. Initial grant amounts calculated according to the revised first four factors could then be adjusted upward by a percentage amount for counties submitting high-quality grant proposals or for counties with a strong ability to support the strategic plan initiative. If this suggestion were implemented, the current tilt towards higher per child funding in counties with small populations would be removed without removing the tilt towards providing larger per child funding to counties with a higher percentage of children live in poor families. At the same time, it is acknowledged that the current formula may provide needed resources to counties with more limited service systems.

Administrative Spending

There was little indication that counties made unreasonable allocations of their administrative funds. Many counties appeared to have contracted out a substantial portion of their administrative activities, and these counties showed little or no spending on payroll-related costs. Conversely, most counties with substantial payroll-related costs showed little or no spending on program-related services.

Cross State Comparisons

South Carolina spends substantially less per preschool child residing in South Carolina than do either North Carolina or California. Although the costs of services might be substantially lower in South Carolina than in California and somewhat lower than in North Carolina, it seems unlikely that the difference in per capita spending is entirely due to differences in costs. Instead, it seems likely that either South Carolina is reaching a smaller percentage of its preschool population with First Steps, or South Carolina is providing a lower quantity of services to its client populations. Since we were unable to obtain reliable information on the number of various groups of clients served by some of the major programs, we can't pursue this issue any further.

Qualitative Results

Interviews with Executive Directors generally indicated a well-managed financial management system with good relations among the key players. However, there was a clear need for additional training of Executive Directors in budgeting and fiscal management skills.

Collaboration

Collaboration

Introduction

Collaboration across agencies, groups, and individuals concerned about the well-being of young children and their families was seen as a primary goal of First Steps. Collaboration was viewed as a key mechanism for identifying and addressing gaps in services for children and their families, eliminating duplication, and increasing coordination and efficiency of services. The establishment of processes for collaboration and cooperation was seen as needing to begin *prior* to the launching of specific programs for children and families. Time was allocated to the establishment of local as well as state collaborative bodies and to training participants so that these bodies could function effectively, prior to the creation and funding of specific First Steps strategies.

This chapter will review the evidence on collaborative efforts within First Steps. The chapter focuses first on collaboration at the county level, where the work of setting up the County Partnership Boards, carrying out the assessment of local needs, developing strategic plans, and launching programs at the local level has occurred. This section will present examples of collaborations occurring at the county level and for specific programs. Collaboration was also a priority at the state level, and a section of the chapter provides an overview of collaborative work of state agencies with the Office of First Steps and the State Board of Trustees, as well as some new interagency collaborations at the state level that have been developed or fostered by First Steps. Collaboration at both the county and state levels could be expected to increase awareness of school readiness and early childhood development. The chapter concludes with findings on the salience of these issues and with recommendations.

Overview of Key Findings and Conclusions

- The work of establishing the County Partnership Boards, carrying out needs assessments, and developing strategic plans required an initial investment of time. It took about two years from passage of the First Steps legislation to the end of the planning period within County Partnership Boards.
- There is evidence of substantial progress in terms of skill-building at the local level over the first years of First Steps implementation, with members of County Partnership Boards now indicating that they have a stronger basis for carrying out their responsibilities.
- Most Executive Directors perceive increased collaboration within their counties since First Steps was launched (for example, collaborations across agencies providing services to children and families). Most members of County Partnership Boards feel that there has been good to excellent engagement from local agencies and organizations in their efforts.
- While the overall picture is one of progress, there has also been variation across counties in how well members of the County Partnership Boards have worked together and how well they have worked with key community stakeholders.
- Cross-organization collaboration at the county level engendered by First Steps has varied substantially in form, and has included: sharing information that was previously not shared; dyadic cross-agency collaborations on specific programs or initiatives; the creation of networks of organizations; and joint ventures by multiple agencies.
- The Program Effectiveness Reports give many specific instances of collaborations at the program level. The nature of these collaborations varied by program type.
- At the state level, agency heads and their staffs have contributed substantial efforts to First Steps. In addition, new collabora-

tive efforts have been launched or fostered at the state level by First Steps. One example is the Child Care Coordinating Council.

- While the evidence suggests that collaboration has increased within counties and at the state level, Executive Directors also felt that it would be fruitful to increase communication across county First Steps entities, and that such collaboration was not yet occurring with any regularity.
- Multiple informants indicated that the issues of early childhood and school readiness have increased in salience since the launching of First Steps. However, informants felt that some groups have not yet been reached.

Background

Emphasis on Collaboration Within the Legislation

The emphasis placed on collaboration as a means of improving services for children and families is made clear in Section 59-152-21 of the First Steps legislation (emphasis is added):

> The purpose of the First Steps initiative is to develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, *to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families.*

Establishing collaborative processes was seen as a necessary basis for effective planning, and a prerequisite before funding would be made available for specific programs:

> The South Carolina First Steps to School Readiness Board of Trustees, Office of First Steps to School Readiness, and the County First Steps Partnerships shall assure that *collaboration, the development of partnerships, and the sharing and maximizing of resources are occurring before funding for the implementation/management grants...are made available.*

Definitions

In her Effective Practices Report entitled "Community Capacity Building, Collaboration, and Services Integration," Andrews (2002) notes that there is a serious problem for families needing access to health, education, and human services because these are not coordinated within a unified system, but often involve fragmented and uncoordinated services. Often, the families who need services most need to navigate multiple service systems, and may face gaps across these service systems as well as differing barriers and rules for access within these systems. The very families who may need access to multiple services the most may be least able to coordinate across service streams.

The priority placed on collaboration and coordination within First Steps is an attempt to address the problems of gaps, poor coordination of services, unintended duplication of services, and barriers to services for families with young children. By bringing together on the First Steps County Partnership Boards individuals from a range of backgrounds (including business, public agencies, schools, the library, child care, early childhood education, Head Start, as well as families with young children), it was hoped that problems and gaps in service delivery would be better understood, that program effectiveness would be increased for existing programs, and new programs would be launched that addressed gaps in services. Collaboration among agencies, organizations, and individuals was seen as a critical context for fostering this more comprehensive understanding of needs and the development of better coordinated service strategies.

Andrews (2002) provides as a definition of collaboration: a process in which individuals or organizations engage with each other "to achieve a goal together that could not be achieved by each participant alone" (p. 10). Four different levels of collaboration, each building upon the previous level, are identified by Andrews based on the work of Himmelman (2001):

(1) exchanging information for mutual benefit;
(2) in addition to (1), altering activities for a common purpose;
(3) in addition to (2), sharing resources; and
(4) in addition to (3), a willingness to enhance the capacity of another partner.

This chapter considers whether each of these levels of collaboration has occurred within First Steps county efforts.

Evidence on Collaboration From Smart Start in North Carolina

Smart Start in North Carolina also established local planning boards with the aim of fostering collaboration among local agencies to improve the delivery of services to young children and their families ("Partnerships for Children"). Research carried out as part of the Smart Start Evaluation indicates that "Smart Start appears to improve local inter-agency collaboration among organizations that serve young children and their families" (Smart Start Evaluation Team, 2000, p. 3).

However this increase in collaboration took time to develop. Differences were documented in the extent of interagency collaboration when a Smart Start Partnership was new as opposed to more established (a contrast that was possible because Smart Start Partnerships were phased in to counties or groups of counties over time). The connections between the Smart Start Partnership and local agencies increased over time, as did the links *across* agencies when a Partnership for Children was present for a longer period.

The Smart Start evaluation found substantial variation across Partnerships in the extent of interagency linkages that were occurring. In addition to how long the Partnership had been in place, another key factor was whether the Partnership was in a rural or more urban area. In a network analysis conducted in an urban area, the network of agencies was found to be more complex, with more specialization of types of services, and linkages among agencies occurring within rather than across types. Partnerships for Children faced different challenges in becoming integrated into these more complex networks, for example, needing to form relationships with "subnetworks."

For First Steps, key implications of these findings appear to be that:

- Local boards focusing on issues pertaining to young children can foster linkages among agencies, but this takes time.
- There is variation across communities in what is needed for building or strengthening interagency linkages, given the differences in the complexity of existing service systems.

First Steps Collaborations at the County Level

Time Needed to Establish the County Partnership Boards and Complete Planning

As noted above, the First Steps legislation viewed the establishment of the County Partnership Boards and the completion of planning as important steps in building local collaboration, and these steps needed to occur before programs were funded. The First Steps legislation called for the establishment of all 46 County Partnership Boards at the start of the initiative, rather than phasing them in. This was a

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challenging endeavor, and differed from the strategy in North Carolina of piloting in selected counties or county groupings and phasing in the Partnerships for Children across the state. An important initial accomplishment of First Steps has been the establishment of all of the Boards, and each Board's completion of the planning phases of the work required for the collaborative process laid out in the legislation.

In the Appendix, Table 1 gives key dates in the establishment of the County Partnership Boards for each county. As the table indicates, the County Forums convened to introduce the First Steps initiative to communities, to begin to identify community needs, and to identify possible participants on the Board, were held between August and November 1999, with most forums held in September of that year. The first meetings of the County Partnership Boards were held in the 46 counties between September 1999 and February 2000. Level One applications, requesting funding for the needs and resources assessments and development of a strategic plan within each county, were submitted between November 1999 and May 2000. These Level One applications were approved between December 1999 and July 2000. Submission and approval of the Level Two applications signal the transition from the planning phase into the program implementation phase. The Level Two applications were submitted between March 2000 and September 2001, and were approved between August 2000 and October 2001.

The First Steps to School Readiness Act passed and became law on June 28, 1999 (Holmes, 2002b). The dates in Appendix Table 1 indicate that the launching of the collaborative process within counties, required by the legislation, started soon after the law was enacted. Building the infrastructure for the collaborative process within counties, from passage of the law to approval of all of the Level Two grant applications, involved a period of about two and a quarter years (June 28, 1999 to October 11, 2001). Using the first formal community activities, the Forums, as a starting point to calculate the time needed to build infrastructure for collaboration (rather than starting at the point of passage of the First Steps legislation), the period was slightly shorter (August 29, 1999 to October 11, 2001). This period reflects the earliest and latest dates in the range (i.e., the time between the first Forum and approval of last Level Two grant). *Within* specific counties, the time required for establishing the Board and completing the planning was substantially shorter.

While all counties completed the planning phase of the work, some encountered greater difficulty than others. For example, interviews with the Technical Assistance staff of the Office of First Steps indicated variation in the quality of the work completed by consultants hired to carry out the county needs and resources assessments and to help develop the county's strategic plan. In some counties, moving from the planning stage to hiring an Executive Director proved difficult, and several relied on consultation from William Preston and Associates to fill the Executive Director role for a period of time; one county is still relying on this assistance.

The dual themes, that laying the groundwork for a collaborative process at the county level requires an investment of time; and that there is substantial variation across counties in this process, are well reflected in these findings regarding the planning phase.

Building Knowledge and Skills

As noted in the Administrative Structures Section of this report, the County Partnership Boards have largely succeeded in bringing together representation from a range of sectors required by the legislation.[1] However, as noted by Andrews (2002), bringing together the key players for a collaborative process does not assure that individuals or groups will work together effectively. Andrews summarizes evidence indicating that Board members often initially lacked skills needed to effectively complete the tasks required of Boards; she reports that the Office of First Steps responded with a sequence of training sessions in different modalities and for different groups. The summary of findings on "capacity building" that follows draws heavily on the Effective Practices Report written by Andrews (2002).

In fall of 1999, when Boards were beginning to meet but had not yet submitted their Level One applications, over 1,000 members of County Partnership Boards attended training sessions in six regional meetings. Eight hundred and eighteen completed a survey regarding their levels of expertise in tasks related to Board functioning. The proportion of respondents indicating that they had a lot or very much knowledge in tasks the Boards needed to carry out ranged from 27percent for writing a program plan to a high of 47 percent for collaborating with other organizations. It is noteworthy that while the highest proportion noted pertained to collaboration, the proportion with substantial knowledge was still less than half of the respondents. The modal response was "some knowledge" for conducting needs assessments, conducting resource assessments, researching best practices, writing a program plan, and evaluating programs.

In April and June 2000, training was conducted for a smaller group of 166 Board members who had assumed leadership roles (Board Chairs and Co-Chairs). For a similar set of items, mean scores fell in the range of "some" to "a fair amount of knowledge." Andrews (2002) notes that "their level [of knowledge] was not particularly high, given the weight of planning and resource allocation responsibility that confronted the County Partnership Boards" (p. 24).

The Office of First Steps sought information about the training needs of Board members and staff and launched a series of further training and technical assistance efforts to address these needs. In December 2000 (the period after Level One applications had been approved but grants for programs had not yet been submitted), the Office of First Steps held a Leadership Summit, and, in small group discussions, sought to get a better sense of Board members' concerns. Issues raised ranged from relationships on the Boards (e.g., interactions given the large size of the Board; diversity of backgrounds and interests; substantial commitment of volunteer time; conflicts of interest; difficulty gaining participation of parents) and lack of relevant background (e.g., limited knowledge for some of early childhood development service systems; lack of skills for how to participate on a Board).

As noted by Andrews (2002), the Office of First Steps then addressed these issues through "Learning Summits" for multiple Board members and staff (December 2000 and January 2002), conferences (February 2000 and April 2001) and through meetings for Executive Directors, sometimes joined by Board Chairs (September 2001, November 2001, May 2002, and June 2002). Participant responses were extremely positive. For example, in rating their experience at the February 2000 training, the percent of participants who agreed or agreed strongly that they felt very positive about the new knowledge they had acquired ranged from 76 (for a session on children's health) to 100 (regarding a session on fiscal management and responsibility). The training sessions were complemented by on-site training of Boards by expert non-profit board development specialists who traveled to counties and by the establishment of the First Steps Technical Assistance staff.

Andrews (2002) cautions that these favorable responses to the training experiences do not assure that the information was applied in practice. However, the most recent survey of Board Members,

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[1] The County Partnership Boards, by legislative requirement, must have representation from the business community, child care providers, non-profit organizations serving children and families, the county library, DHEC, DSS, early childhood education, the faith community, family education, Head Start, health care, a legislative appointee, parents of preschool children, preschool to primary educator, the school district, and transportation.

conducted in the summer of 2002, indicates a self-perception of much stronger skills and knowledge. At this more recent point in time, ratings on items pertaining to Board operations fell in the good to excellent range 83 percent of the time or more, depending on the item. While 82 percent of responding Board members rated their County Partnership's influence in the county as good or excellent in terms of sustaining First Steps programs and addressing local needs, ratings on some board-community relations items were less strong (with ratings of poor or adequate for about a quarter of respondents on these items); the scores were lowest for involving hard-to-reach populations in County Partnership activities (60 percent in the good to excellent range). The majority of respondents (90 percent) agreed or agreed strongly that the Executive Director in their county was capable and committed, and 87 percent agreed or agreed strongly that the Executive Directors monitored or supervised programs and activities so that they were carried out effectively.

A questionnaire completed by Office of First Steps Technical Assistants in May 2002 regarding Board functioning in each of the counties to which they were assigned provides a somewhat less favorable perspective on Board functioning. However, we note that the scales used in rating were not the same, and so direct comparison of ratings is not possible. According to the Technical Assistants, Board members' ability to accomplish goals was satisfactory for 59 percent of counties, and excellent less than a third of the time (32 percent). Executive Directors' abilities to accomplish goals were seen as excellent for half of the counties and satisfactory for 38 percent (poor for 12 percent). Executive Directors' ability to assess needs and priorities was seen as excellent for only 22 percent and poor for nearly as high a percentage (20 percent).

Because the survey of Technical Assistants was conducted at only one point in time, it is not possible to determine if they too saw growth, albeit within a less favorable range than Board members perceived their own functioning and that of the Executive Directors. The Technical Assistants are often called upon to assist with problems that arise with Board functioning, and thus may have a particularly clear sense of problems and difficulties. But their external perception suggests a need for further growth in skills, an important counterpoint to the Board members' perception of progress.

To summarize, a recent survey of Board Members suggests a self-perception of substantially greater skill and effectiveness in carrying out required functions than was the case early on. The external perceptions of Technical Assistants caution that there is room for further growth.

Perceptions of Collaboration Within and Across Counties by Executive Directors

The interviews conducted with the 46 First Steps Executive Directors during the summer of 2002 included a section on different types of collaboration. Some questions pertained to collaboration within counties (for example, across agencies) and some to collaboration between counties (for example, First Steps Partnership Boards in different counties launching joint programs). There were sharply different perceptions of collaboration within and across counties.

When asked if collaboration within their counties had increased since the launching of First Steps, about 63 percent of Executive Directors felt that collaborations had increased a lot, and a further 28 percent felt that collaborations had increased some. Less than ten percent felt that collaborations had not increased at all (seven percent) or had increased very little (two percent).

The most recent survey of County Partnership Board members presents a positive picture as well, though it asked about collaboration within the county in a different way. In this survey, 46 percent of Board Members felt that engagement, support and contributions from other agencies and organizations within their counties was good, and a further 29 percent felt that such engagement, support and contributions were excellent.

Executive Directors had a very different perception of collaboration *across* counties. While 63 percent felt that collaboration within counties had increased a lot since First Steps had been in place, only 26 percent felt this way about collaborations across counties. Fourteen percent felt that collaboration across counties had not increased at all, 19 percent felt it had increased very little, and 42 percent felt it had increased some.

Executive Directors frequently noted in their interviews that they would like to have more opportunity to share experiences and information across counties. Only 11 percent felt that there was a lot of communication among Executive Directors, 28 percent felt that there was very little, and 61 percent felt that there was some. Of the 46 Executive Directors, 29 mentioned that they would like to see a mechanism in place for Executive Directors to share experiences. Regional meetings were widely recommended. Other possibilities noted were a website and mentoring programs.

The Executive Directors noted that the Office of First Steps makes information on other counties available through notes sent to the Directors, presentations on best practices, and state level meetings. The Executive Directors expressed a desire to complement these with opportunities to get together in regions to share information more informally, or for groups with specific interests to meet to discuss specific topics. It was also noted that in some instances, small counties do not have the funding necessary to do certain activities (such as public awareness campaigns), and that it might be helpful to have smaller counties form a group for specific purposes.

Some regional groups of Executive Directors have formed spontaneously for regular informal meetings. Similarly, some dyadic mentoring relationships have formed among Executive Directors. There were strong favorable responses to these experiences.

In sum, while Executive Directors generally felt that there had been increases in collaboration within their counties, they saw limited growth in collaboration across counties. They felt that there were opportunities for collaboration among First Steps Executive Directors and expressed a desire for a context in which to meet and share information and experiences regionally or by substantive interest.

Examples of Collaboration Within Counties Given by Executive Directors

Executive Directors were asked to give examples of new collaborations that had emerged in their counties since First Steps started. Executive Directors described service sectors or agencies working together for the first time or working together more closely than they had before. In one county, schools were sharing their early childhood curricula with child care providers. The Executive Director noted that this kind of sharing had not occurred before between schools and child care providers. Another Executive Director described the county library as working more closely with the school district, parent educators, and child care providers. A new collaboration was described between the Department of Parks and Recreation and child care providers in another county. An Executive Director gave the example of a health department that had not previously worked with child care centers which now has nurses carrying out trainings with child care providers.

A recurrent theme in the Executive Director interviews was that service providers lacked information about resources available through different agencies and organizations within the county. Collaborative efforts sometimes sought to address this problem. One county held a community-wide meeting for all agencies with the aim of increasing provider familiarity with available resources. Another Executive Director reported the formation of an Interagency Council that provided a context for those working with young children and their families to network and hold forums on particular issues.

There were also multiple descriptions of the creation or strengthening of formal networks of service providers. For example, in one county, when First Steps was just starting, an organization of child care providers had very limited attendance at meetings. First Steps staff did not create a new organization, but offered to assist in planning and running meetings in collaboration with the existing organization. The new energy and information that First Steps staff provided resulted in such an increase in membership that it is now difficult to gain entry into packed meetings.

Organizations have also collaborated on entirely new joint ventures. A Hispanic Task Force has been formed in one county. This task force has resulted in the creation of a handbook for Hispanic families to help them navigate the school system, and also succeeded in having new English as a Second Language courses being offered during the summer.

In another county, multiple agencies submitted a joint proposal to a foundation to provide prenatal care services when they perceived this to be a service gap on which they were willing to work jointly. In another county, four agencies worked together to sponsor and run a Baby Fair to bring information to families about infant care and resources available to families with infants. In a rural county, multiple organizations were collaborating to start a new child care center.

Collaborations that the Executive Directors described fell into each of the four levels that Andrews described, based on the work of Himmelman (2001), for increasingly advanced collaboration. An example for each level follows, drawn from the examples of collaboration given by the Executive Directors.

(1) **Sharing of information.** In one county, agencies were working together to create a referral network so that those working with families would be better informed about all of the relevant services available.

(2) **Altering activities for a common purpose.** A collaboration between a school district and child care providers was described in which any training available to teachers was now made available to child care providers in the community. Child care providers would not be able to afford this kind of training otherwise. The Executive Director noted that this was the first time that child care providers had interacted to this extent with early childhood teachers.

(3) **Sharing resources.** In one county, three programs that provide English as a Second Language instruction were collaborating to share administrative costs so that they could provide more programs and reach families in more of the county.

(4) **Enhancing the capacity of a partner.** A county health department and school district collaborated in getting foundation funding so that there would be a nurse in every school and to fill the gaps remaining even after school nurses were placed in schools by the school district and through First Steps.

Description of Collaborative Efforts at the Program Level

The Program Effectiveness Reports (PERs) completed for each First Steps-funded program asked for information regarding collaborations that occurred during the implementation of that particular program. The specific question asked was: "What collaborative efforts were anticipated and actually carried out? What was the general level of effectiveness of the collaboration?"

The information gleaned from the PERs regarding collaboration provides a different perspective from that provided by the Executive Directors. As can be seen from the summary of their responses, the Executive Directors described collaborations that sometimes went beyond individual programs, for example, to describe the creation of formal networks among service providers or the initiation of joint efforts by multiple agencies. This section focuses on collaborations that supported specific programs.

Table 10 in the Appendix provides a summary of the kinds of collaborations that were described in the PERs for specific programs. For each program type, the most frequently noted kinds of collaborative efforts appear at the top of the table. Moving down each column, the type of collaboration noted was mentioned progressively less frequently across the PERs. In a number of instances, a PER indicated that a collaborative effort of some kind was occurring, but specific information was not provided. Thus, there may have been some further forms of collaboration than are summarized here, and the ordering in terms of frequency might have been different if detailed information on collaboration had been noted in every instance. (See also Andrews, 2002, for a summary of the most common partner noted in collaborations for different types of programs).

The three most commonly occurring forms of collaboration for each program type are described below. Note that many innovative and interesting forms of collaboration occurred less frequently.

Collaborations of First Steps 4K Programs

As Table 10 in the Appendix shows, the most commonly occurring form of collaboration for 4K programs was help from different organizations in locating appropriate families for enrollment of children. In Barnwell County, for example, all the age-appropriate children of parents participating in the Positive Parenting Power program were enrolled in the 4K program. Organizations also collaborated with 4K programs in providing medical and dental screenings for the children. In Jasper and McCormick Counties, DHEC assisted with screenings of children participating in 4K programs. 4K programs worked with other organizations when a child's referral for services was needed. For example, in Kershaw County, the School District Office of Special Services provided speech and language services.

Collaborations of First Steps Child Care Programs

For First Steps child care programs, the form of collaboration most frequently noted on the PERs was collaboration with an agency or educational institution in the education and training of caregivers. PERs for programs in a number of counties referred to the availability of the Center for Child Care Career Development for caregiver education and consultation. First Steps also worked with technical colleges in their counties to develop training opportunities. PERs also often referred to relying on DHHS, DSS, and the ABC program, as well as child care resource and referral agencies for help in identifying child care facilities with specific characteristics (e.g., facilities participating in the ABC system; facilities that were registered or licensed). This information was used to identify appropriate facilities for children with child care scholarships (for which participation needed to be in facilities participating in the ABC system), or to identify caregivers who might be appropriate for participating in a quality enhancement initiative. Information and consultation was especially sought to guide quality enhancement activities. For example, NAEYC provided information on the accreditation process. DHHS provided information in several counties on the state's framework for child care regulation and quality enhancement.

Collaborations of First Steps Parenting and Family Strengthening Programs

PERs often listed multiple organizations that parenting and family strengthening programs collaborated with in identifying families that might be appropriate for their programs. For example, in Berkeley County, the PAT program received referrals from DHEC's BabyNet program as well as DSS. Numerous examples were given in the PERs of donations of materials, resources, space for meetings, or volunteer time for parenting/family strengthening programs. As an example, in Lancaster County, volunteers to help with the Reach Out and Read program were located through the Council on Aging and Kiwanis. In Lexington County, a number of different businesses and organizations donated materials such as books and toys, door prizes, and food for a parenting program. In Chesterfield County, the School District provided space for workshops with teen parents. Funding for some of the material used in parenting/family strengthening programs was provided by United Way Success by 6 and private foundations in a number of counties.

Collaborations of First Steps Health Programs

Fewer collaborations were noted in the health area overall than for other types of programs, but that in part reflects overall, that there were fewer health programs overall. In the health area, PERs most often described collaborative efforts that involved providing referrals to participating families for further services. For example, the Health Home Visitation Program in Florence County collaborated with hospitals, physicians, social workers, DSS, DHEC, child care providers, schools, and other community agencies to share information regarding services available and refer families to appropriate services.

Several programs focused specifically on providing coordination among health services. Richland's health program, for example, sought to increase cooperation and collaboration among a set of partners focusing on children age zero to three in child care and other settings. In a number of programs, resources for families participating in health programs were donated by the faith community and agencies.

A concern emerged in the PERs, as well as in the interviews with Executive Directors (see also section of program chapter on parenting/family strengthening programs) that within counties, there was often a lack of familiarity by those providing one form of service for children and families about other services in the community. One PER describes an effort to address this issue directly. In Aiken County, First Steps initiated a program called "Community 101," a course designed for all employed in a job in the county involving contact with children or families. The course was intended to "familiarize workers with the local resources available to children and families in the county...encourage them to form networks among their peers, and acquaint them with the basics of system thinking so that they can understand the complexity of our system and can make better referrals and decisions regarding children and families. This program is a concrete expression of the county's recognition that systems-thinking is critical in helping children and families." In addition to the course, this program also involves launching, and providing training in an online and telephone resource guide to improve access to data concerning services for young children and their families. This PER highlights the potential at the county level to initiate programs with the specific aim of increasing coordination in services for children and families.

Challenges to Collaboration

In responding to the question regarding how effective collaborative efforts were, many of the PERs noted that these efforts were effective or very effective. However, sometimes challenges were noted. In some instances, collaborating organizations had to overcome "turf" or "trust" issues. As noted above, the need for more communication across agencies and organizations serving children and families was frequently mentioned. Lack of communication was seen as a serious obstacle to forming and maintaining collaborations. Time demands, distances, and problems with transportation could make it difficult to sustain collaboration. The PERs mention funding issues as posing challenges, including insufficient funds, uncertainty about funds, and restrictions on how funds could be used. Collaborative efforts also sometimes had to overcome differing organizational policies. PERs also mentioned that collaborations could flounder when there was a lack of a clear sense of each partner's roles.

In sum, many different forms of collaboration were occurring at the level of specific First Steps programs. There is also the first indication that programs can be initiated specifically to address problems of interagency coordination. While collaborations appear to be strengthening individual First Steps programs in many ways, there were also ongoing challenges in forming and sustaining collaborations.

First Steps Collaborations at the State Level

While collaboration was viewed as essential to increasing the efficiency and quality of services at the local level, collaboration at the state level was also viewed as critical to First Steps functioning. To assure and facilitate such collaboration, an Inter-Agency Work Group was convened, consisting of senior-level representatives from cabinet and non-cabinet as well as non-profit agencies. Subsequently the Legislative and Agency Relations Committee assisted in coordination and collaboration across agencies.[2]

According to First Steps annual reports, government agencies that have worked closely with First Steps include:

- S.C. Department of Education
- S.C. Department of Health and Human Services
- S.C. Department of Health and Environmental Control
- S.C. Department of Social Services
- S.C. Budget and Control Board
- S.C. Department of Mental Health
- S.C. Department of Transportation
- S.C. Department of Alcohol and Other Drug Abuse Services
- S.C. Department of Disabilities and Special Needs
- S.C. State Library

Each of these agencies made important contributions to the establishment of First Steps, and continues to make contributions. Examples noted in the 2000 and 2001 Annual Reports include the following:

- The Department of Education serves as the fiscal agent for the Office of First Steps. It has worked closely with First Steps in designating practices for its 4K and parent education/family support programming. Staff from the Department of Education reviewed every Level Two grant application. Staff members from the Department of Education meet regularly with the Office of First Steps to share strategies, make joint presentations, and assure that information about First Steps is provided through all early childhood and parenting programs now operated by school districts.

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[2] The Legislative and Agency Relations Committee was dissolved in June 2002; their functions were absorbed by the full Board of Trustees.

- The Department of Health and Human Services (DHHS) loaned staff to First Steps to help launch the initiative. DHHS has also worked with Office of First Steps, the Head Start Collaboration Office, and the S.C. Center for Child Care Career Development to create an Early Childhood Education Summit to increase the ability for child care workers to use credits from two-year institutions to count toward degrees in four-year institutions.
- The Department of Health and Environmental Control (DHEC) works in every county on the implementation of activities, and provides expertise on health issues, including health issues within child care settings, and coordination of First Steps services with Medicaid. Information about First Steps has been provided to all 13 health districts. DHEC has also ensured that First Steps is linked to its existing programs, such as BabyNet and Children's Rehabilitative Services.
- The Department of Social Services initially loaned staff to the Office of First Steps.
- The S.C. Budget and Control Board has provided extensive support around data development, evaluation, and strategic planning.
- The State Library developed a number of initiatives to support early literacy and school readiness, including the Early Childhood Teacher Resource Collection and Video Collection, which provide books and videos in every public library for early childhood educators.

The state agencies have linkages with the County Partnership Boards through the agency and library representatives serving on those boards. In addition, a number of state agencies have made contributions of funding to First Steps.

Interviews with heads of state agencies or their designees, as well as with representatives of state level nonprofit organizations, indicated collaboration through participation in a number of specific initiatives at the state level:

- The Office of First Steps worked closely with the Department of Health and Human Services in introducing the T.E.A.C.H. Early Childhood Project into South Carolina. This program seeks to raise child care worker' training and wages, and reduce staff turnover in child care facilities. Scholarships are provided for participation in early childhood courses at different levels, and bonuses are provided for completion of the coursework with a commitment from the child care worker to remain in the facility for a period of time. This program is funded by federal child care quality funds made available through DHHS.
- The Department of Education and Department of Health and Human Services are working with First Steps on a pilot project to examine the introduction of 4K into private child care settings. Funding for this initiative comes from DHHS and OFS, with substantial input into standards for 4K programs and implementation issues from Department of Education. A request for proposals was devel-

oped, applications reviewed, and ten child care sites were funded to serve as 4K programs in the fall of 2002. The agencies will be working with the Office of First Steps to monitor outcomes in these programs.

- First Steps has helped to raise the salience of child care issues within the state, by working closely with multiple agencies. There has been a progression of interagency efforts to address child care issues, culminating in the fall of 2001 with the creation of the South Carolina Child Care Coordinating Council through an executive order. Sixteen agencies and non-profit organizations collaborate in the Child Care Coordinating Council, with DHHS serving as the lead agency, and First Steps participating. The Council released a plan identifying objectives in July 2002. Among the objectives are developing a statewide voluntary child care quality rating system, increasing public awareness about child care quality issues, improving the quality of licensed family child care, and revising DSS child care licensing standards. Efforts have already begun to address these issues.
- DHHS works closely with First Steps in administering programs that provide child care scholarships to children.

In sum, there has been active participation from state agencies from the inception of First Steps. First Steps has, in turn, provided a context for specific initiatives that have involved cross-agency collaboration.

Salience of School Readiness and Early Childhood Development

With the collaborative efforts at both the county and state levels noted above, an important question is whether there has been an increase in public awareness of school readiness and early childhood development as issues.

As part of their interviews, Executive Directors were asked for their perception of whether the attention school readiness and early childhood development receive has changed since the start of First Steps. Most Executive Directors felt that these issues were receiving a lot more attention from local elected officials, local agencies, elected officials from other areas, state government, and the media. However they felt that these issues were receiving only somewhat more attention from local advocacy groups, private residents in their counties, and private residents across the state. The least increase in salience was noted for residents both locally and across the state. It may be that more time is needed for early childhood issues to increase in salience to private residents or that different efforts are needed to reach private residents.

These perceptions by Executive Directors suggest that there has been a substantial increase in the salience of school readiness and early childhood development among public groups, but that the salience of this issue is not yet as great among citizens overall.

Conclusions and Recommendations

- First Steps succeeded in setting up the infrastructure required and emphasized in the legislation for establishing collaborative bodies at the county level and completing the planning tasks required of these bodies.

- This initial process required by the legislation took a substantial period of time. However, meaningful increases are evident in the skills of participants in the County Partnership Boards in completing the tasks required to improve services for children and families at the county level.
- Executive Directors described collaborative efforts at the county level that involve cross-agency collaborations, the establishment and strengthening of networks of organizations, and joint ventures by multiple organizations.
- The Program Effectiveness Reports indicate that specific programs often rely on collaborations to complete their objectives, and that the type of collaboration varies by program type.
- While collaborations are widespread and meaningful, there are also multiple challenges to effective collaboration. As suggested by the work in North Carolina, collaboration takes time. It may also require addressing specific obstacles and challenges.
- While substantial progress has been made in building skills for carrying out Board functions at the county level, there are nevertheless indications that continuing efforts to build skills and support collaborative efforts at the county level would be warranted. Training sessions appeared to be welcome and effective. Such efforts should be ongoing, and should continue a focus on establishing and sustaining collaborative efforts.
- Collaboration at the county level would be enhanced by the existence of up-to-date information on services and resources available for children and families. Some counties have initiated efforts to develop comprehensive guides to local services and to provide training in making effective referrals. These innovations should be shared across counties.
- State agencies have made substantial contributions to First Steps at the state level.
- There are indications of a number of new and important state-level interagency collaborative efforts, such as the Child Care Coordinating Council, to which First Steps has contributed.
- It is the perception of Executive Directors that school readiness and early childhood development issues have increased in salience more in the public arena than for private citizens. Efforts to build public awareness of these issues should continue and be strengthened.

Program Implementation

Introduction

The First Steps to School Readiness Act of 1999, Section 59-152-100(A) states:

> All activities and services provided by a First Steps Partnership must be made available to young children and families on a voluntary basis and must focus on the following:
>
> (1) lifelong learning:
>   (a) school readiness;
>   (b) parenting skills;
>   (c) family literacy; and
>   (d) adult and continuing education.
>
> (2) health care:
>   (a) nutrition;
>   (b) affordable access to quality age-appropriate health care;
>   (c) early and periodic screenings;
>   (d) required immunizations;
>   (e) initiatives to reduce injuries to infants and toddlers; and
>   (f) technical assistance and consultation for parents and child care providers on health and safety issues.
>
> (3) quality child care:
>   (a) staff training and professional development incentives;
>   (b) quality cognitive learning programs;
>   (c) voluntary accreditation standards;
>   (d) accessibility to quality child care and development resources; and
>   (d) affordability.
>
> (4) transportation:
>   (a) coordinated service;
>   (b) accessibility;
>   (c) increased utilization efficiency; and
>   (d) affordability.

The most prevalent program strategies implemented by First Steps County Partnership Boards offered services or supports to young children and their families in four areas: Early education, parenting/family strengthening, child care, and health.

- **Early education**. First Steps funds were used to increase access to early education programs in public schools or through Head Start by expanding existing four-year-old kindergarten (4K) classrooms from half day to full day, or creating new four-year-old kindergarten classrooms. First Steps funds were also used to provide summer readiness programs for children at risk of not being ready for entry into first grade. By far the largest percentage of First Steps county level spending in fiscal year 2001-02, 37 percent, was allocated to early education programs. The majority of 4K and other preschool programs funded in fiscal year 2001-02 operated for the full school year. A smaller number of programs was established in the fall after the school year had already begun, and a few programs began operation in January, during the second semester of the year.
- **Parenting and family strengthening**. First Steps funding supported expansions of existing parenting and family strengthening programs and the creation of new programs. Twenty-five percent of First Steps county-level spending went to parenting/family strengthening programs. As of the end of fiscal year 2001-02, approximately equal numbers of programs

reported having been in operation between three and six months, between six and nine months, and for nine months or more.

- **Child care**. First Steps supported efforts to expand the amount and affordability of quality child care available to families through quality enhancement initiatives, staff development, and child care scholarships. Child care programs accounted for a total of 17 percent of First Steps program funds at the county level. The majority of these programs were in operation for less than nine months during fiscal year 2001-02.
- **Health**. Health needs of children and families that would not be met through other public programs were addressed by First Steps' support of home health visitation programs and other health-related services. However, health initiatives represent a small percentage (2 percent) of total First Steps county-level spending, in fiscal year 2001-02. Most of the programs that were implemented provided services for less than six months of the fiscal year.

Although transportation was among the areas highlighted in First Steps legislation, planning and implementation of stand-alone transportation programs proved to be difficult, and only two such programs operated in fiscal year 2001-02. While there were few stand-alone transportation programs, programs of the other prevalent types often had transportation supports. Some other programs were also implemented that, although clearly within the intended scope of First Steps, did not fall neatly into any of the four identified program strategies described above. A small percentage of county-level spending went toward transportation and other programs. The length of time during which these programs had been providing services during the fiscal year ranged fairly evenly, from less than three months to nine months or more.

As indicated above, there were clear differences in the relative maturity of different types of programs. Holmes (2002b) noted that the easiest programs to get up and running were school-based early education programs (4K and summer readiness, and extensions of existing parent education programs), primarily because these were executed through sole source contracts (predominantly with school districts). The programs that were slowest to develop were child care and health. Health programs proved to be the most difficult to initiate, due to a set of issues including concerns about supplantation.

The Views of Program Participants

First Steps legislation requires that First Steps County Partnership Boards report on "...client satisfaction before, during, and after the implementation of the strategic plan, where available..." (Section 59-152-70(A)(7)[f]). To this end, many 4K and parenting/family strengthening programs administered Family Satisfaction Surveys (sometimes referred to as Parent Surveys) to their participants, usually near the end of the fiscal year.[1] These surveys, implemented by William Preston & Associates in cooperation with the Office of First Steps, included a series of questions asking respondents to provide their opinions regarding the reasons why children might not be ready to start school, and the costs and availability of services within their communities. Below, we discuss some general findings related to these questions.[2]

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[1] One child care program in one county also administered the Parent Survey to families. Surveys were also reported to have been administered by non-First Steps supported 4K programs and by five-year-old kindergarten (5K) programs (also not First Steps supported). Our focus in this section is on the 4K and parenting programs that did receive First Steps support.

Of the 3,340 Family Satisfaction Surveys returned by participants in First Steps-supported programs, 1,907 were from parents in parenting/family strengthening programs, while 1,433 were from parents of children enrolled in 4K classes. The majority of respondents were female (68 percent of those in parenting/family strengthening programs and 62 percent of those with children enrolled in 4K). The modal reported household income was below $13,000 (33 percent of parenting/family strengthening participants, 21 percent of 4K participants), although the median yearly household income was somewhat higher for parents of 4K students (between $21,000 and $25,000) than for participants in parenting/family strengthening programs (between $16,000 and $20,000). The most frequently reported race or ethnicity was African-American (51 percent of parenting/family strengthening participants and 44 percent of 4K parents); white, non-Hispanic was the second most commonly reported (30 percent in parenting/family strengthening programs and 44 percent in 4K programs). The majority of respondents were between the ages of 18 and 30 (58 percent in parenting/family strengthening programs, 51 percent of 4K parents). Most reported being unmarried but living with a partner (43 percent of parenting/family strengthening program participants and 51 percent of 4K parents) or having never married (34 percent of parenting/family strengthening participants, 21 percent of 4K parents). The extent to which these characteristics are representative of families participating in First Steps funded 4K and parenting/family strengthening programs is unknown.

The following are highlights from the results of the survey. Percentages will be presented for all First Steps participants (parenting/family strengthening and 4K combined), followed by percentages for parenting/family strengthening and 4K respondents, in that order, in parentheses:

- 72 percent of respondents had heard of First Steps in their community (77 percent for respondents participating in parenting/family strengthening programs; 66 percent for parents of children in 4K programs).
- 52 percent (55 percent for parenting/family strengthening; 47 percent for 4K) reported that transportation was an obstacle in their community.
- Only 12 percent (14 percent; 10 percent) of parents said that resources were easy to access in their community.
- 63 percent (67 percent; 58 percent) said the reason that children are not ready for school is because parents need parenting skills; the next two most common reasons given were: a) single parents need help, with 57 percent of parents reporting this to be a major problem (57 percent; 57 percent); and b) emotional problems in the child, endorsed by 35 percent of parents (34 percent; 37 percent).[3]
- When asked about the biggest problems facing families in getting children ready to start school, 51 percent (50 percent; 52 percent) said that lack of child care was an issue. The next most frequently-cited problem, indicated by 40 percent of parents (37 percent; 45 percent) was lack of after-school programs. For parenting/family strengthening participants the third most commonly-endorsed problem was lack of transportation (35

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[2] Surveys also included a series of questions regarding parents' perceptions of their children's pre-kindergarten or kindergarten programs. Although these questions were asked of all parents who completed the survey, they were most relevant to respondents with children currently enrolled in 4K and other preschool programs. Thus, a discussion of results from this portion of the survey will be reserved for the section on early education programs.

[3] Questions on the survey were worded so as to be impersonal, asking about parents and children generally, rather than asking parents to report their own biggest problems or reasons their own children might not be ready for school.

percent), while for parents of 4K students the third most commonly-cited problems were low quality child care and having no family or friends to help, with 32 percent of respondents indicating each of these as a problem.

- 60 percent of parents (53 percent; 68 percent) cited full-day 4-year-old kindergarten as being most important to parents among a list of potential parenting, family strengthening, and educational opportunities; the next two most important opportunities to parents were: a) affordable quality child care (51 percent overall; 46 percent; 57 percent); and b) an opportunity for a better job (46 percent overall and for both program types, separately).
- 57 percent of respondents (57 percent; 56 percent) said they would most like to see First Steps work on programs that provide help for families; the next two most common programs mentioned were parenting programs (42 percent overall; 47 percent; 35 percent) and better quality child care (38 percent overall; 37 percent; 40 percent).

The extent to which these views are typical of all First Steps program participants is not known because surveys were completed by an unknown percentage of participants in parenting/family strengthening programs and by a relatively small percentage of parents of 4K students. Nonetheless, results suggest that First Steps programs are appropriately targeting needs within communities in South Carolina, as perceived by those participating in these programs.

Review of Programs by Program Type

We turn now to in-depth discussions of early education, child care, parenting/family strengthening, and health programs that were implemented across the state, as well as a descriptive overview of some implemented programs that do not fall neatly into any of these four basic program strategies (including transportation programs). Throughout these discussions, our focus is on the early implementation of programs: which types of programs were implemented and how they were implemented. A focus on implementation outcomes was deemed to be the most appropriate because the majority of First Steps programs had been operating for less than one year. As planning turned to implementation at both the state and county levels during the 2001-02 fiscal year, there was a substantial learning curve requiring refinements and adjustments in First Steps programs and administrative procedures. As noted in the Introduction to this report, the National Governor's Association (Bernier et al., 2002) recommends a "hold harmless period" of two years during which programs can become well-established before evaluations of program effects on longer-term outcomes, such as children's school readiness, should be undertaken (see also United Way of America, 1996).

In the following sections, early outcomes are examined for each program type separately with respect to two basic issues. The first of these is whether First Steps programs were planned according to current understanding of best practices for improving children's physical, social, and cognitive functioning. The second involves the progress that First Steps programs have made in successfully implementing their planned activities. Markers of successful implementation vary across different program types, but generally include hiring and training staff, recruiting participants with characteristics that place them within the target population for the program (e.g., children at risk of not being ready for school, non-English speaking families, registered childcare providers), and successfully implementing planned activities (e.g., using a planned curriculum or program model with fidelity, opening a resource center, conducting workshops, providing mentoring services). Thus, each strategy section begins by reviewing what is known about best practices for the strategy. This is followed by a description of how the strategy was actually implemented across the state, followed by a comparison of actual implementation practices with best practices. In this way, we examine whether First Steps is "doing the right things in the right ways for the right people." Finally, recommendations for the future development of First Steps are made for each strategy.

A Word about Data and Information Sources

Information for this chapter, as for other chapters in the report, comes from multiple sources. Much of the information on specific features of the programs as actually implemented comes from Program Effectiveness Reports (PERs) that were completed for almost all First Steps programs (350 of 351 programs across the state). Other key sources of information included reports completed by the group of Effective Practice Experts, cited in each of the sections of this chapter; site visits to 23 programs in 17 counties throughout the state, information on program spending, and Family Satisfaction Surveys available for some program types.

We rely on the PERs for much of the description of features of specific programs, and so a brief overview of the PER data collection is warranted. Information collected in the PERS for all types of programs were dates of operation, key program activities, staff qualifications and training, numbers and characteristics of clients served, and program goals and objectives. PERs were completed by staff at the University of South Carolina Institute for Families in Society (IFS) in consultation with program vendors or First Steps program staff responsible for implementing specific programs. The template or form completed for each program was initially developed by staff at Child Trends in consultation with B. Holmes, but was adapted to fit the specific features of different program types with input from the Effective Practices Experts, B. Holmes, and IFS staff. The collection of data on implementation of each program extends an earlier round of work within First Steps that involved providing input and support in the program planning phase of the work. The planning phase of the work with program staff was also carried out by IFS staff, under the supervision of A. Wandersman and A. Andrews (Wandersman et al., 2001).

It should be noted that while it is a strength of the evaluation process that PERs were completed for nearly every program, permitting a description of the nature and range of First Steps programs, challenges were encountered in the process of completing the PERs that resulted in data quality being variable. The issues faced in the PER data collection are summarized in detail by Andrews and Sheldon (2002), and include: information about the nature of data to be collected not reaching program vendors and First Steps county staff in advance so that data requests could be anticipated and prepared for; inexperience of vendors in collecting and reporting such data on an ongoing basis; burdensome detail in the template completed for each program; and variability in the manner in which different IFS staff and program informants (i.e., vendors and First Steps program staff) completed the forms. The PER data collection process was critical to this initial evaluation of First Steps, but needs to be refined and improved for the future as part of the overall strengthening of data collection (see recommendations in final chapter). Steps are already underway to strengthen this aspect of data collection. For example, contracts with vendors recently signed now specify data reporting requirements of First Steps grants so that it is understood in advance that there will be requests for such information. Input has already been given into how to streamline the PER template to diminish respondent burden.

Given these issues in data collection, after a careful review of the PERs, the types of information to be included in this report were determined based on the extent to which we had confidence that data provided in the PERs for each program area were reasonably accurate and reliable. However, all information provided in the following sections based on

PERs should be considered to be best estimates based on the available information. As for other chapters of this report, the reliance on multiple data sources in this chapter (including also Effective Practices Reports, site visits, fiscal data, and Family Satisfaction Surveys) strengthens the basis for key conclusions and recommendations.

Early Education

Introduction

Among the stated goals of the First Steps to School Readiness Act of 1999 is to "promote high quality preschool programs that provide a healthy environment that will promote normal growth and development" (Section 59-152-30). The legislation goes on to include "school readiness" and "quality cognitive learning programs" among the required activities to be focused upon by First Steps County Partnership Boards (Section 59-152-100).

Increased access to high quality early education programs has been among the key First Steps strategies for promoting children's school readiness, with 37 percent of First Steps dollars directed toward early education in fiscal year 2001-02 (see Fiscal Information section of this report). Of the 46 counties in the state, 40 used First Steps funds to support new and expanded early education, although the specific implementations varied considerably. Most often, these strategies involved expanding four year-old kindergarten (4K) and other preschool education programs from half-day to full-day classes and adding new full- and half-day classes. Most of these programs were operated through public schools, while others involved expanded Head Start programs. A few counties opened classrooms for children younger than age four. Summer readiness programs were also implemented in 29 counties. These were typically designed for children transitioning from five-year-old kindergarten (5K) to first grade, but some also included four-year-olds (usually those enrolled in a 4K program) transitioning to 5K.

Overview of Key Findings and Conclusions

The following points summarize the key findings and conclusions concerning First Steps 4K and summer readiness programs:

- An important accomplishment of First Steps in this early implementation period was the expanded capacity for 4K education, and for summer readiness programs (predominantly for children entering first grade) across the state. Approximately 3,380 children participated in new or expanded 4K or other school-year preschool programs, and approximately 4,248 children attended summer readiness programs that received support from First Steps.
- Programs receiving First Steps support were designed to follow "best practices" for early education, and most (especially the 4K programs) followed one of the developmentally appropriate curricula recognized by the State Department of Education, including High/Scope, Creative Curriculum, and Montessori. In addition, group sizes were generally within the range recommended for educational programs for young children. Summer readiness programs had more variation in group size than did 4K programs.
- Parent satisfaction with the 4K early education programs was very high across the state.

As First Steps turns to next steps, however, there are some challenges ahead.

- Training and professional development opportunities for teachers and classroom assistants should be carefully reviewed as the 4K and summer readiness programs move toward greater maturity and there is more time for planning. Expanded training and professional development opportunities would improve teachers' abilities to implement developmentally appropriate curricula with the fullest fidelity. Providing more training opportunities in regions across the state would make training more accessible and would reduce costs to local programs. Classroom assistants should be included in training opportunities as well.
- Additional discussion should take place regarding how best to assess the contribu-

tions of both 4K and summer readiness programs to children's early adjustment and academic progress in school. Such discussion should focus on the use of measures that are age-appropriate and that tap the range of skills and abilities that early education programs may be reasonably expected to affect. Measures should also be sufficiently sensitive to change that program effects can be detected.

- It would be fruitful to undertake planned variation evaluations in both 4K and summer readiness programs. This may be particularly important for summer readiness programs. The substantial program variations that currently exist across the state provide an excellent opportunity to conduct systematic studies on variation in program effectiveness due to factors such as length, content/curriculum, and timing of programs.

The remainder of this section of the program chapter turns first to a discussion of 4K programs, as well as other similar programs that operate through the school year; summer readiness programs are discussed subsequently.

4K and Other Preschool Programs

Research on Effective Practices in 4K Education

Most of the information presented in this section is drawn from the First Steps Effective Practices Report, *Early Education Programs Supported by First Steps County Partnerships* (Brown & Freeman, 2002). Research on effective practices in early education indicates that variations in a number of program characteristics are associated with different outcomes for children. Included among these characteristics are group or class size, adult to child ratio, hours of contact, teacher education, and parent involvement. In addition, the extent to which teachers implement a planned and developmentally appropriate curriculum may affect the extent to which children benefit from program participation.

Group Size and Adult to Child Ratio

Research reviewed by Brown and Freeman (2002) indicates that small class sizes and low adult to child ratios in the early grades have been found to be associated with increases in student achievement. As reported by Brown and Freeman, the National Association for the Education of Young Children (NAEYC) currently recommends that four-year-old classrooms have no more than 20 children with two adults, although they further recommend adult to child ratios of 1:8 for children between the ages of three and five. Small group size and low adult to child ratios allow teachers to spend more time in one-on-one interaction, to better address the educational needs of the children in the class and to provide opportunities for children to explore the classroom environment, both physical and social.

Hours of Contact

There is growing evidence that full-day kindergarten programs benefit children as reflected in academic performance as well as social and behavioral adjustment in school, and such benefits appear to be sustained at least into the primary grades.

Teacher Education and Training

Teachers whose educational background and training are in early childhood education and development are more likely to use developmentally appropriate practices in the classroom, including fully implementing curricula that have been created specifically for use with young children. Some research has found that teachers qualified in early childhood education are more responsive to the social and educational needs of young children.

Parent Involvement

Studies with children of all ages have found that parental involvement in children's education is associated with better academic performance. Greater outreach to parents through teacher home visits, open houses, opportunities for volunteering, phone calls, and other forms of communication on a regular basis have been shown to increase parents' involvement.

Implementation of a Developmentally Appropriate Curriculum

Developmentally appropriate classrooms utilize well-planned curricula that are designed specifically for young children, that emphasize self-directed learning, and that provide integrated learning experiences that span all domains of development—cognitive, socioemotional, and physical. Currently, the South Carolina State Department of Education recognizes four such curricula: High/Scope, Creative Curriculum, Montessori, and the Project Method.

First Steps 4K Program Planning and Implementation

This section describes 4K and other (nonsummer) early education programs as they were planned and implemented with the support of First Steps in fiscal year 2001-02. All of these programs were designed to address early education and early education support components of the First Steps conceptual model, but the manner in which they did so varied considerably across counties, and in some cases even within counties.

Information on these programs was obtained from Program Effectiveness Reports (PERs) that were available for 62 programs operating in 40 counties. Of these, five (8 percent) were identified as entirely new programs, and 56 (90 percent) were extensions of existing 4K programs.[1] Both new programs and extensions of existing programs required new classrooms to be equipped and new teaching staff to be hired and trained, and thus should be considered to be in the early implementation phase. Classes in 47 programs (76 percent) began at the start of the 2001-2002 school year. Classes began during the fall (September or October) in ten other programs (16 percent), and began midyear (January) in three other programs (5 percent). One additional program began operating one class at the beginning of the year and opened two additional classes in January.[2]

Increased Access to Early Childhood Education

All of the First Steps programs had the goal of addressing identified local needs for increased access to quality early childhood education. Of the 46 counties in the state, 40 used First Steps funds to support new and expanded early education, although as noted earlier, the strategies used to accomplish this varied considerably. With two exceptions, strategies involved the creation of new early education classes, or the extension of existing classes from half- to full-day. In total, 169 classes were operated with First Steps support.[3]

- **Auspices.** Most programs were operated by public school districts, but some were run through Head Start programs, and one class was operated by a county Literacy Council. Of the 169 classes that were opened, 162 (96 percent) were operated by public school districts, while six (4 percent) were Head Start programs.

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[1] Information on whether the program was new or an extension of an existing program was unclear in one program's PER.

[2] Information on the class start date for fiscal year 2001-02 was not provided in the PER for one program.

[3] Determining the number of classrooms receiving First Steps support was not entirely straightforward, and numbers of classes added may vary slightly across published reports. This was primarily due to differences in the ways in which First Steps County Partnership Boards and vendors (predominantly school districts) accounted for the distribution of First Steps funds. For example, if a school district received funds that led to the expansion of two half-day classes to full-day, these classes were sometimes both identified as First Steps classes (each receiving approximately 50 percent of their support from First Steps), while in other cases one class was designated the First Steps class, while the other was not. For this report, when such ambiguities were evident, we reported the larger number, both for consistency across counties and based on the fact that few or no additional classes would have been added or extended without the support of First Steps funding.

- **Half-day and full-day classes**. By far the most common strategy for expanding early education programs involved opening new full-day classes or extending existing half-day classes to full-day. These classes operated between six and seven hours per day. One hundred and forty-seven (87 percent) of the early education classes supported by First Steps were full-day, approximately 65 (44 percent) of which were newly-created classes and 82 (56 percent) of which were half-day classes extended to full-day. The remaining 13 percent were new half-day programs providing children with approximately three hours of programming each day.
- 4K and multi-year classes. The vast majority of classes operated during the school year were one-year classes for four-year-olds (4K).
  - ☐ In addition, there were at least five classes established for three- and four-year-olds (that is, for children to participate in over a two-year period).[4] One of these was an ESL class that was designed to provide enriched English language experience, with the express goal of transitioning children who made sufficient progress in English during their three-year-old year into regular 4K classes for their second year. Another was a program designed specifically for developmentally-delayed children. Two others were Head Start programs and the remaining 3-4K class was run through a county Literacy Council.
  - ☐ One school district established a Montessori class designed for children to attend for three years (from age three to age five) with assistance from First Steps in purchasing necessary supplies ("manipulatives"). The amount of money provided by First Steps for this program was relatively small (First Steps did not contribute to staff salaries or other major expenses), but the PER indicated that the class would not have been possible without the First Steps funds.
  - ☐ One county expanded Early Head Start services for children from birth to age three and their families which included an early education class utilizing a planned educational curriculum (High/Scope).
- **Other programs**. There were two programs that did not involve establishing new or extended-day classes.
  - ☐ One of these was a scholarship program in a county that had an existing 3-4K program that charged a weekly tuition (which was waived for children with DIAL-3 developmental screening test scores below a designated threshold). Thirty scholarships were provided to children who did not qualify for tuition waivers based on their DIAL-3 scores and whose families could not otherwise have afforded to enroll them in the program.
  - ☐ The second was a program supporting home visits by teachers to children and their families about to enter 5K, with the goals of easing the transition to school and increasing parents' comfort and level of involvement with the school.

Targeting and Recruitment of Children for Enrollment

All early education programs planned to serve children with one or more risk factors related to not being ready for school. The single exception to this was the 5K transition home visit program, which provided home visits for all families with children transitioning into kindergarten. The specific risk factors considered, and the ranking of their importance, varied across programs.

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[4] This information was obtained primarily from PERs. The number of programs including children younger than age four is a best estimate, but in some PERs information on ages of children served was not explicitly indicated.

For school-based programs, the highest priority for enrollment was usually given to children who received low scores on developmental screening instruments, or who otherwise exhibited delays in one or more school readiness dimensions. Of 52 school-based programs that reported targeting at-risk children, 45 indicated basing enrollment decisions on developmental test scores or other indicators of developmental delays, language delays, or disabilities. The most commonly used assessments for determining eligibility or enrollment priority were the DIAL-R and the DIAL-3. Forty-one programs specifically indicated using either DIAL-R or the DIAL-3 scores as a partial basis for enrollment decisions. Family risk factors were also frequently considered in determining enrollment priority, particularly when there were more eligible students than there were spaces available in the program. Typical family risk factors that were considered included low parental education levels, living in a non-English speaking household, living in a single parent household, having parents or guardians who were very young or old (possibly indicating grandparent custody), low family income, family stress, living in a foster home, and referral from another agency. Thirty-three school-based programs specifically indicated using family risk factors in enrollment decisions.

Head Start programs did not use developmental screeners in determining eligibility or enrollment priority. These programs instead recruited and enrolled children based on standard Head Start eligibility criteria that focus on family risk factors of the types previously indicated.

Programs differed in the manner in which they applied targeting criteria. PERs for some programs indicated that *priority* for enrollment was given to children with specific risk factors, but that lower risk children were enrolled if space allowed. In other programs it appeared that only children who met eligibility requirements were enrolled. In all programs, most or all children who were enrolled were reported to have had one or more of the identified risk factors for low school readiness.

Recruitment efforts varied greatly by county and program. In cases where First Steps funds supported the extension of half-day programs to full-day, children were most commonly already enrolled in the half-day classes that were extended. Where there were active recruitment efforts, a range of strategies were undertaken:

- Most school-based programs reported recruitment efforts through ongoing school activities, such as advertising in school newsletters and on billboards, as well as sending information home with older siblings already enrolled in school.
- Other common recruitment techniques included advertising in local newspapers, on local radio and television stations, distributing fliers to childcare providers, service agencies and local businesses, and "word of mouth."
- Head Start programs tended to report using substantially more active recruitment efforts, including canvassing neighborhoods and going to homes of potentially eligible children in order to speak with parents and encourage them to apply.

There were problems with recruitment in some counties, with some programs being unable to fill all available classroom openings, and other programs reporting that they did not feel that they were reaching the most at-risk students. Perhaps the most common problem discussed in the PERs related to recruitment difficulties stemmed from the timing of funding decisions. Most school programs hold enrollment during the spring prior to admission. In most of the counties, however, funding for First

Steps 4K programs in fiscal year 2001-02 was not established until well into the summer, shortly before the beginning of the school year. A number of providers indicated that this hindered their ability to recruit students, in part because parents had already made decisions about placements for their children earlier in the year, and did not want to change them at the last minute.

Perspectives on this issue were not unanimous, however. For example, one First Steps Executive Director interviewed during a site visit suggested that having the flexibility to enroll children over the summer was preferable to fixing enrollment earlier, because of the high mobility of very high risk families, and the consequent need to do outreach among families moving into the area shortly before the beginning of the school year.

Curriculum

Almost all programs chose to use standard curricula that are based on best practices for early education, although several also indicated that planned modifications to these curricula were incorporated. Among the four curricula recognized by the State Department of Education as providing developmentally appropriate education for preschool children, High/Scope was used by the majority of programs. In total, 124 classes (73 percent of all classes) in 33 counties used High/Scope, with or without planned modifications. Creative Curriculum was used in 18 classes (11 percent) across seven counties, Montessori was used in only one classroom (< 1 percent) and the Project Method was not used in any First Steps supported programs. An additional 17 classes (10 percent) in five counties reported using a combination of elements from different curricula, primarily High/Scope and Creative Curriculum, while nine classes (5 percent) in three counties were utilizing nonstandard curriculum practices or a curriculum that has not been recognized as developmentally appropriate by the State Department of Education.

In many counties, teachers did not participate in a full training course for the curriculum models they were using prior to the start of the school year, which may have affected their ability to implement the model with fidelity. A major reason for this was the short amount of time between funding and implementation in what was the first year of operation for most First Steps programs. In some cases, training was received during the school year, although the quality and quantity of this training varied considerably, ranging from a teacher being given the materials to study on her or his own, to participation in full training sessions run by the State Department of Education. The exact numbers of teachers and classroom assistants who received full or abbreviated training in a curriculum model cannot be adequately estimated from the PERs.[5] However, the need for, or desirability of, increased training opportunities was specifically mentioned in 19 of 58 PERs (33 percent) in which information on lessons learned, conclusions, and recommendations for the future was provided.

Other Program Elements

In addition to classroom time, most programs included one or more additional elements, including speech, hearing, vision, and other health screenings; free and reduced price breakfasts, lunches, and nutritious snacks during the day; and opportunities for parent involvement and interaction with teachers, including teacher home visiting and workshops for parents and children.

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[5] Questions regarding the amount and timing of training in curricula were among the most inconsistently answered questions in the PERs. Part of the reason for this was some ambiguity in the wording of the items which led some individuals completing PERs to respond to them with information about teachers' levels of education and teaching credentials. In other cases information on timing and type of training opportunities was not specific enough to be useful.

Evaluations of Children's Progress

PERs for 47 programs indicated that some form of assessment of children's progress was conducted. Of those, 27 reported assessing children with the DIAL-R or DIAL-3 prior to enrollment or early in the school year, and again at the end of the school year. In 17 programs this was the only identified assessment tool indicated. Two other programs used the Brigance screening instrument (both in combination with at least one other assessment tool). One program discontinued use of the DIAL-3 as an end of the year assessment, however, after receiving a memo from the State Department of Education indicating that its use as a "posttest" was not appropriate.[6]

A pretest-posttest assessment of this kind leaves open the possibility that scores would increase as children develop over the course of the school year, apart from any additional exposure to 4K. The lack of a comparison group hinders conclusions regarding the contribution of the 4K programs. One program did report comparing changes in DIAL-3 scores of children enrolled in the full-day First Steps 4K class with changes in children enrolled in a district half-day 4K class. Slightly higher gains were reported for children in the full-day class than for those in the half-day class, however this was not an experimental study and no statistical analyses were conducted to gauge the meaningfulness of these differences. Perhaps most importantly, screening measures were not developed with the aim of tracking development over time, or comparing development in children who were or were not exposed to a program (see Shepard, Kagan, & Wurtz, eds., 1998). Rather, they were developed as a preliminary assessment of whether children might have developmental issues that should be examined in greater depth with diagnostic evaluations. These measures do not have the precision needed to chart individual children's development over time, or for the purposes of carrying out a comparative study. In addition, the screening measures generally do not focus on the multiple dimensions of children's development that contribute to their school readiness (for example, their social and emotional development), but rather, focus heavily on cognitive and motor development.

A few programs did report using ongoing evaluation tools that may be more appropriate as measures of children's progress over the course of the school year than are the developmental screeners. The Child Observation Record (COR), a checklist designed to be used with the High/Scope curriculum, was identified as being used in six programs. Other programs reported using a variety of structured checklists and observation records, student portfolios, or teacher judgments and anecdotal reports as indicators of children's progress over the course of the year, although much of this information presented in the PERs was nonspecific.

It is positive that programs are attempting to track children's progress over time. As the First Steps 4K programs mature, it would be a further positive step to bring together Executive Directors, and those running the First Steps 4K programs, with an expert in early childhood assessment to review options for assessing the contributions of the 4K programs, and to arrive at a set of joint decisions regarding assessment practices. The goal here should not be to create an atmosphere of excessive testing, of teaching to the test, or of using test scores to retain children in a grade. Rather, there is a need to review assessment practices specifically for program evaluation. As noted by the National Education Goals Panel (NEGP; Shepard, Kagan, & Wurtz, eds., 1998), assessments with this specific goal have particular features, including administration under controlled conditions and the use of matrix sampling (i.e., administering only portions of the assessment battery to any given child, rather than administering the entire battery to all children). These features should be considered in arriving at a uniform decision by First Steps as to how to assess the contributions of the First Steps 4K programs.

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[6] This was the only program that reported receiving a memo regarding the use of screeners as a measure of child outcomes.

How Does Actual 4K Programming Match Up With Effective Practices Information?

Most early education programming supported by First Steps has been conducted in accordance with information on effective practices in early education.

Group Size and Adult to Child Ratio

All classrooms for which information was available were run by a lead teacher and a classroom assistant. Class sizes for 4K and other similar programs were capped at 20, with two exceptions: A class for developmentally delayed three- and four-year-old children had an intended enrollment of ten (and an actual enrollment of 11), and a 4K class with an intended enrollment of 20 enrolled two additional high needs children, for a total enrollment of 22 (and an adult to child ration of 1:11). Thus, group sizes and adult to child ratios conformed to National Association for the Education of Young Children (NAEYC) recommendations, although in some cases the actual adult to child ratios were perhaps somewhat higher than would be ideal, again according to NAEYC.

Hours of Contact

As reported earlier, the vast majority (87 percent) of First Steps classes were either new full-day classes or were extended from half-day to full-day with First Steps support, conforming to current understanding of the best practices for early education. There were still some half-day programs implemented, however, and one half-day program was extended from three to five days a week, but no additional hours per day. Several PERs provided anecdotal evidence that full-day programs were more attractive to parents, making it more likely that they would enroll their children, and that children's attendance rates were higher in full-day than in half-day classes. For some working parents, given work schedules and commuting distances, the only possibility of enrolling a child in a 4K program was noted to be a full day program.

Teacher Education and Training

The education and training of teachers in First Steps funded 4K programs differed between public schools and Head Start, in keeping with the requirements for education and training in these two contexts. Public school teachers are required to have at least a Bachelor's degree and a teaching credential, preferably in Early Childhood Education (ECE). Head Start lead teachers are required to have an Associate's degree in early childhood or an Associate's degree in another area supplemented with a Child Development Accreditation. Interestingly, required training is higher for Head Start assistants than for public school assistants. Head Start assistants have typically earned a Child Development Associate certificate through post-high school training, while public schools have not required training or experience beyond a high school diploma for classroom assistants, although such requirements are currently being phased in by the State Department of Education.

The education and training of both lead teachers and assistants was generally appropriate for the setting of the 4K programs. In public school settings, among lead teachers for whom information is available, 60 percent (72) had earned a Bachelor's degree and a credential in ECE. An additional 32 percent (38) had a Master's degree and an ECE credential, while 8 percent (10) held an Elementary Education, rather than ECE, credential).[7] In Head Start settings and in the program run through a county Literacy Council, all eight lead teachers for whom information was available had Associate's level training in early childhood. Among the assistant teachers in public school settings, 73 percent (74) were reported to have a high school diploma (which was also the case for the assistant in the Literacy Council-run class), while the remaining 27 percent (27) had some education beyond high school. All assistant teachers in Head Start settings held Associate's degrees in early childhood.

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[7] Brown & Freeman (2002) further suggest a distinction between teachers whose education was in early childhood education, versus teachers who obtained a secondary ECE credential. However, the information provided in the PERs was not sufficiently clear to allow this distinction to be made with any degree of certainty for this report.

This information suggests that there was a relatively high level of appropriate education and training for teaching staff, but also suggests that there may be room for improvement, particularly in the area of increased educational and training requirements for assistants. The phasing in of new requirements for assistant training in public schools is a positive step in this direction. These data also indicate, not surprisingly, that implementation of First Steps 4K programs differs in public school, Head Start, and other contexts with respect to teacher education and training, and raise the possibility of differing implications for children in different settings. However, any attempt to examine potential differences in impacts on children will need to take into account also the differences in services for families offered in different types of programs. In particular, these services are broader in Head Start than in public school settings, and the recent attempts to provide training in specific areas in Head Start (especially in the area of early literacy development), will need to be considered. In sum, while differences in educational requirements are important to note, they need to be seen in the context of the full range of services available to families and children through these programs.

Parent Involvement

Most programs indicated that they included a parent involvement component, such as activities to promote parental comfort in the school setting and to increase parents' involvement in children's education. The most common of these were weekly or monthly newsletters and other materials sent home with children, parent-teacher conferences both on days that were set aside for conferences and as needed throughout the year, opportunities for parents to volunteer, and one or two home visits per year. Some programs also developed parent-child workshops during which parents worked on projects with their children and were then given supplies to work on the same types of prejects with their children at home. The parental involvement components described for 4K programs offered through Head Start were typically described as much more active than those in public school programs.

Implementation of a Developmentally Appropriate Curriculum

As noted earlier, almost all of the First Steps supported programs utilized standard curricula designed specifically for young children. However, many of the programs did not fully implement these curricula. In some cases deviations were planned, based on a local assessment of the particular needs of the children in the community being served (for example, additional math or literacy elements were sometimes added within the context of the basic curriculum structure). As mentioned earlier, however, the need for teachers and classroom assistants to receive more training in the curriculum that they were being asked to implement was commonly indicated in the PERs. In some programs, teachers were not able to receive complete training in the curriculum prior to implementation, and the type and amount of training received by teachers in different programs differed considerably. The effective practices literature does not provide a great deal of guidance on the issue of whether variations in curriculum implementation lead to variations in effectiveness, in terms of promoting school readiness in young children. The extent to which variations in curriculum implementation in First Steps supported programs affect outcomes for children should be examined.

Existing Evaluations of Specific South Carolina 4K Programs

Although it is far too soon to evaluate the impact of First Steps on children's school readiness and subsequent academic and socioemotional functioning in school, there are a few studies of 4K programs that predate First Steps. Notably, the South Carolina State Department of Education (SDE) has released two reports examining the effects of 4K programs that began prior to First Steps (Evaluation Section, Office of Research, South Carolina Department of Education, & Tenenbaum, 2002; Yao, Snyder, Burnett, Lindsay, & Tenenbaum, 2000).

The first report, *A Longitudinal Research Report on the Early Childhood Development Program: The Half-Day Child Development Program for Four-Year-Olds, 1997-98*, followed 10,114 children who had participated in the program in 1997-98 and examined their readiness for first grade, as assessed by the Cognitive Skills Assessment Battery (CSAB). In some analyses, they compared a sample of 5,323 of these program participants with a sample of 4,378 nonparticipants on their CSAB performance. An attempt was made to control for differences in risk levels in the two groups by selecting only children who were eligible for free school meals. However, participants were still described as having more risk characteristics on average than nonparticipants. Among the reported findings was that participants and nonparticipants had similar CSAB scores at entry into first grade (76.5 percent and 74.9 percent ready, respectively). Although there was not a statistically significant difference in school readiness between participants and nonparticipants generally, there was a statistically significant difference in the percentage of females testing ready (80.4 percent of participants vs. 77.8 percent of nonparticipants), and a much larger and significant difference among Hispanic students, with 78.3 percent of 83 participants testing ready while only 53.8 percent of 106 nonparticipants tested ready for first grade.

The second report, *What is the Penny Buying for South Carolina? Child Development Programs for Four-Year-Olds: Student and Program Characteristics, Longitudinal Study of Academic Achievement, and Current Parent Perceptions*, was released in December 2002. In one section of this new report, 9,977 children who participated in full- and half-day child development programs in 1995-96 were followed longitudinally through the third grade. Data from 7,889 children who had not participated in four-year-old child development programs were also examined. Because children were selected to participate in child development programs based on risk factors, including low scores on the DIAL-R, an effort was made to reduce participant and nonparticipant group differences in risk status by including only children who were eligible for free or reduced-price lunches in the nonparticipant groups. Outcome data included CSAB scores at entry into first grade, and achievement test scores in second grade (MAT7) and third grade (PACT). Results of this study indicated that participants scored higher on average than nonparticipants on CSAB, MAT7, and PACT tests, suggesting positive effects of early educational programs persisted into third grade for high risk children. Differences were small but significant for the CSAB (first grade) and for the PACT math and English and language arts scores (third grade), but differences on the MAT7 (second grade) were significant only for math scores (not for reading), and only for males. No differences were found between children enrolled in half- and full-day programs on the CSAB or the PACT; the number of students available for a comparison on the MAT7 was too small to be meaningful.

The results from these two studies together indicate small but significant positive effects of ongoing four-year-old child development programs in South Carolina. The reasons for the apparently stronger effects described in the later report, and for the lack of differences between children who participated in half- versus full-day programs, are not clear. Further study, including consideration of how best to control for differences in risk level between participant and nonparticipant children, will be important for exploring the potential contributions of 4K programs to children's early adjustment to and progress in school. Consideration of how best to control for risk level in analyses will be especially important given the tendency (at least noted in First Steps 4K programs) to give priority to higher risk children and families, a pattern that might result in underestimating the implications of 4K programs for children's progress. Whether and how participation in 4K programs supports children's behavioral adjustment to school also warrants future attention. As First Steps 4K programs mature, and the children who have participated in these programs proceed into elementary school, it will be important to follow their academic and behavioral trajectories as well, to confirm that patterns found for 4K programs statewide also hold for First Steps 4K programs.

Evaluations of Parent Satisfaction with First Steps 4K Programs

Parents of children enrolled in First Steps 4K and other preschool programs were asked to complete Family Satisfaction Surveys (sometimes referred to as Parent Surveys) that were created by William Preston & Associates in cooperation with the Office of First Steps. Somewhat different versions of this survey were given to parents of children in 4K programs and in childcare settings. A portion of this survey was a set of 12 questions asking parents about educational experiences in the classroom (e.g., "my child is involved in classroom learning activities," "my child is learning things that will help later in school"), social experiences (e.g., "the teacher is warm and affectionate with my child," "I feel comfortable talking to the teacher about my child"), and aspects of the classroom environment related to health and safety (e.g., "snacks and meals are healthy," "I worry about safety") Response options were "Never" (scored 1), "Sometimes" (2), "Often" (3), and "Always" (4).

Responses to these items were very positive. Nine of the 12 items reflected positive perceptions of the classroom. Eight of these items had mean scores ranging from 3.7 to 3.9. On these items, the percentages of parents responding "Always" ranged from 67 percent in response to the item "the children are learning how to get along with each other" to 84 percent for the item "I am treated with respect." The one exception to this pattern was the item, "snacks and meals are healthy." Although the majority of parents expressed satisfaction with this program component as well, only 60 percent of parents responded "Always," and the mean response on the item was 3.5.

The remaining three items asked about concerns: "The teacher needs more help," "I worry about safety," and "I worry about other children's behavior." These items had mean scores ranging from 2.2 to 2.4 (between "Sometimes" and "Often"). The modal response on each of these items was "Sometimes," with percentages for these responses ranging from 36 percent to 46 percent.

There were some concerns about these surveys that should be mentioned. First, surveys were not administered in all programs; in some cases it was reported that they were not received until after the end of the school year. Second, response rates were variable–ranging from nearly 100 percent for some programs to less than 50 percent in other programs. Finally, it is not clear that Spanish-language versions of the surveys were available for all parents who needed them, and there is no discussion of attempts to assist parents with limited reading skills to complete the surveys in any of the PERs. These factors suggest caution when interpreting the survey results. Nonetheless, the very positive response of parents is encouraging.

Summer Readiness Programs

Research on Effective Practices

In their Effective Practices Report, Brown and Freeman (2002) reported that there is little research on summer programs for young children. Instead, most focus on children across a broad range of ages and grades. Further, studies that have been conducted have not consistently indicated positive effects of these programs.

Information presented earlier in relation to effective practices for 4K programs applies to summer readiness programs as well. Group or class size, adult to child ratio, hours of contact, teacher education, parent involvement, and the implementation of a planned and developmentally appropriate curriculum will affect the extent to which children may benefit from participation in a summer readiness program. Indeed, when programs are designed to be remedial, as were most of the programs that operated in South Carolina in 2002, these factors may take on even greater importance. According to Brown and Freeman (2002), for example, group size and adult to child ratios should be lower than in regular-year classrooms to allow more time for individualized instruction.

Variations in other aspects of summer programs also may be associated with differential effectiveness in promoting school readiness in children transitioning from kindergarten (5K) to first grade, or in children about to enter 5K, and in minimizing "summer slide"–the loss of learned skills and information that tends to occur over the summer recess, particularly among the most at-risk children. These may include duration and timing of programs, planning and organization, and continuity of curriculum with the school-year curriculum.

Duration and Timing of Program

A review of the existing literature on summer programs indicates that programs of longer duration are more effective than shorter programs (Brown & Freeman, 2002). Based on their analysis of this literature, Brown and Freeman suggest that, for preventing "summer slide," programs that operate for fewer hours per day over a longer period of time during the summer months may be more effective than intensive programs that operate for more hours each day, but over a shorter period of time.

Remediation versus Enrichment

The goal of remediating identified skill deficits is an important one, and given limited resources, some would argue that children with the greatest need should be given priority for services. However, when summer readiness programs target specific children because they are expected to do poorly in school based on past performance or risk status, parents may choose not to enroll their children, for fear that the children will be negatively perceived and labeled. An alternative approach is to locate programs in schools where large percentages of entering kindergartners and first graders are at risk for not being ready for school, and to focus on enrichment activities, rather than skill and knowledge deficits. Although there are no studies that directly compare remedial and enrichment programs, a recent report on the Extended Learning Opportunities Summer Program (ELO) in Montgomery County Public Schools (Maryland), indicates that enrichment programs can be effective in enhancing academic outcomes for young children (Sunmonu, Larson, Van Horn, Cooper-Martin, & Nielsen, 2002). ELO was a four week, half-day summer program designed to give children entering grades 5K through three an accelerated learning experience focusing on concepts and skills scheduled to be taught in the grade they were entering in the fall, as well as to strengthen basic skills, reduce "summer slide," and provide continuing English language education for ESOL (English for speakers of other languages) students. The program was operated in 18 Title 1 schools with the highest percentages of students eligible for free and reduced price meals and students receiving ESOL services. Schools were targeted for the program, but all children entering kindergarten through third grade in these schools were eligible to attend. Pretest-posttest assessments of reading and math skills for children entering first, second, and third grades were conducted, and the performance of ELO-enrolled children was compared with that of eligible children who did not enroll in ELO. Focusing on results for children entering first grade, children who attended ELO demonstrated gains in both reading and math performance, compared with non-enrolled children. These gains were greatest for children who attended the 20-day program for at least 16 days. For math, however, even partial attendees (children who attended between six and 15 days) demonstrated significantly greater gains than did non-enrolled students.[8]

First Steps Summer Readiness Program Planning and Implementation

A total of 29 counties used First Steps funds to support 35 new or expanded summer readiness or enrichment programs. Information on many of these programs was incomplete, however. Indeed, the only information that is available and reasonably reliable across all programs is the total number of children served. Information on the number and type of summer classes operated was provided for only 24 programs operating in 20 of these counties, and some programs reported to have served large numbers of children are not included among these 24.[9]

Characteristics of Summer Readiness Programs

- **Auspices.** As with other early education programs, the majority of summer programs were operated by public school districts. There were also classes in at least two counties that were housed in and operated by Head Start and non-public organizations such as churches and private schools.
- **Length of and intensity of program.** Across the 24 programs for which information was available, eight operated full-day classes exclusively (for a total of 27 classes), 15 operated half-day classes exclusively (for a total of 61 classes), and one program operated a mixture of five full-day classes for 4K students and seven half-day classes for 5K students. The actual lengths of school days in both half- and full-day programs varied greatly, however, ranging from three to six and a half hours. Of 29 programs for which information was provided on class length, the modal length (reported for 10 programs) was 4 hours per day, and the median was 4.3 hours per day.[10]

There was also a great deal of variability in the total number of weeks, and the number of days per week, that programs operated. Among the 29 programs with sufficient data for determining program length, the majority ran for four weeks (15 for five days each week, seven for four days each week). Two programs ran for five four-day weeks, three programs ran for three weeks (one for four days, two for five days each week), one program ran for one five-day week, and one program for children with developmental delays ran five days a week for six weeks.[11]

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[8] Approximately three-fourths of all entering kindergartners and first graders identified as eligible to enroll did in fact enroll in the program, yet fewer than two-thirds of the enrolled students remained in the program through the entire four-week session. This may reflect the same difficulties with half-day programming not fitting well into families' schedules that have been found for programs that operate during the school year.

[9] There was a great deal more missing information in the summer program PERs than in the other early education PERs. The reasons for this are not entirely clear, but contributing factors might include timing of both program planning (many of the summer programs were not among the original First Steps strategies identified by counties, but were rather planned and implemented quickly towards the end of the fiscal year) and implementation (summer programs were in operation at the time that many of the PERs and annual reports were being written)

[10] The total number of programs was 28 based on the number of PERs completed. However, for ease of reporting, the program that reported running classes of different lengths and intensities for 4K and 5K students is counted as two programs in this section.

[11] The total number of length and intensity descriptions presented here is 29 because, as noted earlier, the First Steps summer readiness program in one county supported half-day classes (four and a half hours per day, four days per week, for four weeks) for 5K students transitioning to first grade, and full-day programs (six and a half hours per day, five days per week, for four weeks) for 4K students transitioning to 5K.

- **5K, 4K, and other ages**. The majority of programs were designed for children transitioning from 5K to first grade, however at least ten counties had summer enrichment programs for younger children, either exclusively or in addition to programs for children entering first grade.
- **Class size**. The school-year programs previously discussed, with few exceptions, had planned class sizes of 20 with two adults. Class sizes were more varied among the summer programs. Programs that were designed to provide remedial education to children at the highest risk of not being ready for first grade frequently had lower class sizes and lower adult to child ratios, in order to provide more intensive individual instruction. Estimated average class sizes (based on numbers of classrooms reported, divided by the number of children enrolled in 24 counties with both types of data) ranged from 7.5 to 24, with a mean of 14.2. As with school-year classrooms, most of these classes were conducted by a teacher and a classroom assistant.

Targeting and Recruitment of Children for Enrollment

All summer readiness programs that provided information on targeting and recruitment indicated that children deemed to be at risk for not being ready for school were targeted for enrollment. The risk factors considered for summer readiness programs varied considerably and were similar to those considered for 4K programs (e.g., indicators of developmental delays, low language levels, identified disabilities, family poverty, parents with low education levels, living in a single parent household). For 5K programs, scores on the South Carolina Readiness Assessment (SCRA), and 5K teachers' evaluations of children's readiness for first grade were the major factors used to select children into programs.

As with 4K programs, some summer readiness programs appeared to select only children who met specific targeting criteria, while other programs used these criteria to prioritize children for enrollment if there were more applicants than openings. In other cases, schools were targeted for programs based on general characteristics of the students attending the school, but selection criteria were not applied to individual children for enrollment.

Curriculum

There was less consistency in curriculum choice across summer readiness programs than across the 4K and other early education programs. Most programs did choose to use standard curriculum models based on best practices for early education, including High/Scope, Creative Curriculum, Montessori, and the Project Method. Other programs, particularly those designed for 5K children transitioning to first grade, used academic curricula established for use in the school district, rather than a nationally recognized curriculum model. In still other cases, teachers were left to establish their own curricula for their classrooms. As in other early education programs, teachers often had not fully completed training to implement the curriculum models they were using.

How Does Actual Summer Readiness Programming as Implemented Match Up with Effective Practices Information?

Based on the limited information on summer programs that was provided in the PERs, it appears that the extent to which summer readiness programs supported by First Steps implemented effective practices was uneven. In keeping with what is known about effective practices, class sizes tended to be small, allowing more individualized attention to be given to students. Most of the teachers were regular-year school teachers, most certified in early childhood education. Although recommendations regarding effective practices in summer education indicate that programs of longer duration and intensity (i.e., more weeks, more days per week, more hours per day) are more effective than are shorter programs, the research base is insufficient to determine specifically what duration and intensity would be most beneficial. The majority of First Steps programs were of reasonably long duration and intensity, running for four or more weeks, either four or five days per week. Although most programs were reported as half-day, these tended to be longer than half-day programs during the school year.

However, there are some issues that will need to be addressed as First Steps summer readiness programs move from early implementation to more mature programs. Some of the programs operated for three weeks, and one program ran for only one week. These programs were shorter than may be suggested in the best practices literature to be helpful to children (although as noted earlier, this literature is limited). There were some counties that appeared to have relatively large numbers of children in classrooms, and in some cases teachers did not have classroom assistants working with them. In at least one county with multiple non-public school providers, it is not clear how qualifications of teaching staff in the non-public schools were determined, and there was no reported outside monitoring of classroom practices to determine whether developmentally appropriate practices were being utilized.

The primary concern, however, was that few programs had sufficient time for planning prior to implementation. In many counties, the decision to operate summer programs was contingent upon availability of sufficient funds toward the end of the fiscal year. When it was determined that funds would be available, little time was left for recruitment of staff, recruitment of students, and ensuring that well-planned and developmentally appropriate curricula demonstrating continuity with school-year educational practices could be implemented. It will be important for First Steps summer readiness programs, in the future, to confirm program funding early enough so that these programs can be better-integrated into early education planning throughout the year, and in order for these programs to more fully implement effective practices.

Existing Evaluations of Specific South Carolina Summer Readiness Programs

The Lancaster County School District produced an evaluation report on their 2002 summer readiness program (McKenzie & Witherspoon, 2002), providing a more in-depth view of one First Steps-supported program. Two age groups were included in this program—5K children identified by teachers as being unlikely to pass the CSAB, and children transitioning from 4K to 5K who were identified as potentially having difficulty making that transition because of risk factors such as developmental delays and family risk factors such as poverty. A total of 166 5K students and 92 4K students were enrolled in 27 classrooms, with an adult to child ratio of 1:10. There was also a parenting component to this program that provided services to 143 families.

This program was operated in conjunction with regular District summer school programming, running for four weeks, five days a week. The exact duration of the school day was not reported, although all children were reported to have received a morning snack and lunch. Transportation was also provided for the children. No specific curriculum was identified as being used in this program. The parenting component consisted of one two-hour session each week for ten weeks, using a curriculum designed to increase parents' involvement with their children's education.

To evaluate the effectiveness of the program in improving children's school readiness, a pretest-posttest design was used. The measure used for 4K children was the Brigance screening instrument, while the measure used for 5K children was the Test Ready Plus. Results for 4K children indicated statistically significant increases in Brigance scores. These significant differences were evident for both males and females, and for both white and minority (African-American and Hispanic) students. For 5K students, increases in scores on math and reading components of the Test Ready Plus were also reported. These increases were statistically significant for the sample as a whole, although some reported increases were not statistically significant for subgroups (male, female, white, African-American, and Hispanic). No evaluations were conducted on the parenting component of the program.

These results are intriguing and point to the potential for a well-planned summer program that utilizes a developmentally appropriate curriculum. There are some limitations to the study that should be noted, however. Most importantly, there was no nonparticipant comparison group, which reduces the ability to determine whether increases in the measures used are meaningfully greater than increases that might be expected simply over the course of time. This may be a particular limitation for the 4K component, because the Brigance is a screening instrument that is not designed for program evaluation (Shepard, Kagan, & Wurtz, eds., 1998). These results should be followed up with different types of assessments, following children through the start of school, and including comparisons of children with similar risk characteristics who do and do not attend summer programs.

Lessons Learned and Recommendations

First Steps' support for early educational opportunities across the state is evident in the number of programs that were opened or expanded, the number of children and families that received educational services that would not otherwise have been available, and in the positive markers of overall quality in these programs.

- An important accomplishment of First Steps in this early implementation period was the expanded capacity of early education programs, including 4K, other school-year preschool programs, and summer readiness programs (predominantly for children entering first grade). Approximately 3,380 children participated in new or expanded 4K and other school-year preschool programs, and approximately 4,248 children attended new or expanded summer readiness programs that received support from First Steps.
- Programs that operated with the assistance of First Steps funding were designed to follow "best practices" for early education, and most followed one of the developmentally appropriate curricula recognized by the State Department of Education, including High/Scope, Creative Curriculum, and Montessori. Adherence to specific curricula was more characteristic of programs operating during the school year, however, than for the summer readiness programs.
- Parent satisfaction with 4K programs was very high across the state, as indicated in First Steps Family Satisfaction Surveys. These surveys were not obtained for summer readiness programs. However, PERs for ten summer programs indicated that some form of independent parent satisfaction evaluations were conducted, and satisfaction with these programs was reported to be high.

There were clearly some challenges faced by First Steps during this early implementation phase, however, which should be addressed as First Steps moves toward the future.

- One of the most commonly expressed concerns across counties involved staff training, which was perceived to be under-funded. Training opportunities for teachers should be expanded and financially supported, in order to improve their abilities to implement developmentally appropriate curricula. Because of the time and financial costs associated with sending teaching staff to attend programs that are located at a distance, it will be important to explore possibilities for providing training opportunities in regions across the state. Classroom assistants should be included in training opportunities as well, and other approaches to promoting professional development for assistants should be explored. A State Department of Education requirement, currently being phased in, for classroom assistants to have an Associates' level degree, preferably in early childhood education, is a positive step in this direction.

- Focus on evaluation efforts should be increased. Currently most programs that reported using repeated testing to determine children's progress used screening measures, such as the DIAL-R, DIAL-3 and Brigance, that are not designed for assessments of change produced by program participation (Shepard, Kagan, & Wurtz, eds., 1998). Further, the content of these tests may not be well-aligned with many of the child outcomes identified as goals of early education programs. Screening measures are limited in assessing socio-emotional functioning and approaches to learning--aspects of child development that may be key contributors to children's school readiness and subsequent success. Thus, increased efforts should be made to encourage systematic child assessments and evaluations of progress using measures that are age-appropriate, that tap the range of skills and abilities that early education programs may be reasonably expected to affect, and that are sufficiently sensitive to change so that program contributions can be detected.
- All aspects of summer school readiness programs need to receive more attention. As suggested by Brown and Freeman (2002), programs are likely to be more effective if they are better-integrated into general planning for early education, allowing greater coordination with school-year programs, and more time for curriculum planning and teacher training. The relative brevity of these programs makes it more essential to have program goals that are well-articulated, specific, and reasonable with respect to goals for child outcomes.
- There is a need for evaluations of planned variations in both 4K and summer readiness programs. The substantial variations in programs that currently exist across the state provide an excellent opportunity to conduct systematic studies on the effects of variations in factors such as duration and intensity, content/curriculum planning and implementation, teacher and assistant training, and timing of programs, on short-term (e.g., levels of enrollment, attendance rates, parent satisfaction, parent involvement), mid-term (e.g., parents' continuing involvement in children's education), and longer-term (e.g. children's social adjustment, academic performance) outcomes.
    - ☐ For example, there is considerable anecdotal evidence presented in the PERs that full-day programs are preferable to South Carolina families and educators. Planned studies of the differential impacts of full- and half-day programs on children's developmental and educational progress across the year, and longer-term studies of children's subsequent readiness for first grade, should be undertaken.

- Additional 4K questions that could be systematically investigated include differential effects, if any, on child outcomes of the several different curriculum models being implemented, and whether variations in teachers' curriculum training and the extent to which curriculum models are followed with fidelity have substantial impacts on outcomes.
- For summer readiness programs, there is still more to be learned. Systematic studies exploring differential effects of planned variations in program length, timing during the summer months, and content/curriculum models followed would be important to further understand how these programs can be structured to make the biggest contributions to children's academic progress.

Child Care

Introduction

Many County Partnerships used First Steps funds to implement child care related strategies, in an effort to improve the quality of child care in South Carolina's centers and formal home-based settings and to support families' ability to afford quality child care. The strategies reflect the stipulation in Section 59-152-100(A)(3) of the First Steps Legislation that, when County Partnerships choose to focus on child care, they should address "quality child care: (a) staff training and professional development incentives; (b) quality cognitive learning programs; (c) voluntary accreditation standards; (d) accessibility to quality child care and development resources; and (e) affordability."

Forty-four County Partnerships used First Steps funds to implement child care strategies, primarily of three types: quality enhancement grants, staff training and professional development, and child care scholarships for low-income families.[1] The overwhelming majority of these programs had been in place for less than a year as of June 30, 2002, and many operated for less than six months during fiscal year 2001-02. Given the early stage of County Partnerships' efforts, the focus of this chapter will be on how well Partnerships have implemented their strategies in relation to recommendations generated from research on best practice, where research is available. The chapter will provide background on child care issues in South Carolina, and then present information on the three prevalent program areas, including research on best practice, what the County Partnerships actually implemented, and how well their efforts compare to best practice research. The chapter will conclude with key lessons learned and recommendations.

Overview of Key Findings and Conclusions

The key findings and conclusions of this chapter are summarized below.

- The County Partnerships' child care initiatives are noteworthy in a number of ways. They explored ways to enhance child care quality and provided child care scholarships for more children than could otherwise be covered, and they directed most of these children to ABC Advocates for Better Care Enhanced care or higher. In addition, they helped to introduce the Teacher Education and Compensation Helps (T.E.A.C.H.) program to enhance provider education within the state and launched a number of local caregiver training initiatives.
- Approaches taken by the County Partnerships were often innovative. Innovation was necessary, especially in the area of quality enhancement, because little research has been conducted on the best ways to go about improving a state's child care quality.
- Fiscal year 2001-02 was a time to develop child care initiatives. This was a significant undertaking considering that the County Partnerships designed and implemented brand-new initiatives. It took longer than County Partnerships expected to implement their initiatives, and it is expected that the full value of the initiatives will become more evident as they continue in fiscal year 2003.
- The majority of child care providers who participated in quality enhancement programs in fiscal year 2002 had already achieved licensure or ABC Enhanced status. County Partnerships' efforts to

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[1] The remaining two County Partnerships implemented strategies that included child care providers, although they were not classified as child care strategies. One Partnership implemented a library program that, as one of its activities, offered story hours in child care facilities (see the section on "Other" programs); the other Partnership implemented a health strategy through which child care providers were educated about the importance of early screening (see the Health programs section).

engage child care providers below the ABC Enhanced level, as well as non-center-based providers, should be strengthened.

- Helping child care providers purchase equipment and materials was among the first efforts of many County Partnerships. Although this was a sound first step for quality enhancement initiatives, other elements of quality should be addressed, and this will likely happen naturally in the next program year as the focus of technical assistance progresses.
- Child-staff ratio is an important element of child care quality that was not addressed by the County Partnerships (outside of efforts to improve licensure/accreditation status). While child-staff ratio is very expensive to alter, County Partnerships should address it to the extent possible, particularly where ratios go well beyond those recommended by best practice and research information.
- Efforts to enhance child care quality should draw upon the expertise of individuals with extensive backgrounds in child care.
- The progress of child care facilities involved in quality enhancement initiatives should be monitored and documented by County Partnerships to show that First Steps initiatives are having an effect.
- County Partnerships should encourage child care providers to seek formal education and degrees in addition to participating in workshops.
- Whether or not child care scholarships were provided to the families most in need of scholarships should be reviewed. As First Steps child care initiatives mature, counties should be able to award the full number of child care scholarships intended.
- The new expansion of four-year-old kindergarten (4K) programs into child care centers during fiscal year 2002-03 should be studied closely. The implications of this initiative on the child care market should be monitored, the capacity of child care facilities to fulfill the requirements for 4K programs should be studied, and the feasibility and desirability of helping more of the state's child care providers implement 4K should be assessed.
- County Partnerships implementing similar child care strategies would benefit from opportunities to share their experiences. Such opportunities would help Partnerships learn about initiatives that they might want to implement, as well as deal with problems that are common across the counties.

Background on Child Care in the State

The focus of this chapter is formal child care: non-parental care in child care centers and formal home-based care. Such arrangements can be contrasted with informal child care, which is not regulated by the state and is provided by a relative, babysitter, friend, or neighbor. When child care is discussed in this chapter, it will refer to formal child care, unless it is specifically noted otherwise. This section will provide a brief background on formal child care issues in South Carolina. It will include information on the various types of child care providers and the levels of licensure/accreditation. It will also provide information on a training initiative called Teacher Education and Compensation Helps (T.E.A.C.H.), as well as an overview of a one-year-old initiative called the South Carolina Child Care Coordinating Council.

Data from a survey of over 1,200 households in South Carolina, conducted in the spring of 2002, reveal that the primary source of child care for 42 percent of children from birth through age five is provided in child care centers, child care homes, and four-year-old kindergartens (Marsh, 2002).

Hence, child care issues, including quality, availability, and affordability, are important for many of South Carolina's children and families.

There are three main types of formal child care in South Carolina–child care centers, which serve 13 or more children, group child care homes, which serve between seven and 12 children, and family child care homes, which serve six or fewer children. Child care providers fall under five auspices–non-profit, Head Start, public schools, faith-based, and for-profit. About half of the state's formal child care providers are for-profit (Marsh, 2002).

The South Carolina Department of Social Services (DSS) administers a child care regulatory system through its Office of Child Day Care Licensing and Regulatory Services. DSS oversees basic health and safety standards in child care by licensing and monitoring child care facilities. DSS has two regulatory levels–registered and licensed. Registered child care providers need only meet basic health and safety standards, and they are not monitored unless a complaint is received by DSS. Licensing represents an additional step. Licensing ensures basic standards by requiring that facilities are safe and sanitary, and by requiring that caregivers provide adequate care for children in terms of developmental activities and nurturing relationships. In addition, caregivers in licensed centers are required to obtain 12 hours of training each year. Licensed facilities are inspected every two years at the time of license renewal, and they also receive two unannounced visits every year. Whether or not a child care provider needs to be licensed varies by type of child care provider. All center-based facilities are required to be licensed, unless they are faith-based centers, which need only be registered. All group child care homes must be licensed; family child care homes do not need to be licensed but must be registered (Marsh, 2002).

South Carolina also has a system to improve the quality and affordability of child care called Advocates for Better Care (ABC). The ABC program is administered by the South Carolina Department of Health and Human Services (DHHS) and was created in 1992, after federal legislation created the Child Care and Development Block Grant in 1990.[2] The ABC program provides incentives for child care providers to achieve higher levels of quality and administers child care subsidies for children from low-income working families. Child care providers involved in the ABC program fall into three basic categories: ABC Level 1-Participating, ABC Level 2-Enhanced, and ABC Level 3-Accredited. ABC Participating providers are not required to meet higher quality standards, but they are eligible to receive subsidies for low-income children. ABC Enhanced providers are required to meet higher quality standards, and they are encouraged to improve their quality through incentives such as higher reimbursement rates for low-income children receiving subsidies, bonuses, and quality enhancement grants. Guidelines for quality are more stringent than those required by DSS for licensure, and include lower staff-child ratio, smaller group size, more specific expectations for staff-child interactions, and plans for caregivers to attain higher levels of training. ABC Enhanced child care providers are monitored annually by DHHS through unannounced visits (Marsh, 2002). There are about 1,200 ABC Enhanced child care providers in South Carolina (State Official interview, 2002).

The highest level of formally recognized quality of child care in South Carolina is accreditation by the National Association for the Education of Young Children (NAEYC). ABC Level 3 child care providers are required to be NAEYC accredited. In South Carolina, only center-based child care providers have achieved NAEYC accreditation, although home-based providers are eligible and have been accredited in other states (Marsh, 2002). In order to become accredited, child care providers must meet high standards in the areas of caregiver-child interactions, curriculum, relationships between caregivers and families, staff professional development, staff-child ratio, group size, the physical environment, health, safety, nutrition, and evaluation. There are 88 NAEYC accredited child care centers in South Carolina.[3]

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[2] See http://www.dhhs.state.sc.us/reports/abcbook1.pdf.

Several key recent child care initiatives deserve to be noted in completing the picture of the state of child care in South Carolina. Through a collaboration between DHHS and First Steps, a caregiver training scholarship initiative called Teacher Education and Compensation Helps (T.E.A.C.H.) was implemented in South Carolina in 2000. T.E.A.C.H. is a model that has been implemented in a number of other states. DHHS and First Steps worked with the Commission on Higher Education and the state's technical college system to develop a framework for introducing this program into South Carolina. Through the program, students enroll in the first course–Early Childhood Development 101 (ECD 101)–without formally enrolling in the college that provides it, thereby alleviating some of the hesitation that some caregivers might feel to enroll in college. T.E.A.C.H. pays for 80 percent of caregivers' tuition for the course, and upon completion, caregivers receive the South Carolina Early Childhood Credential. The hope is that caregivers will enroll in an Associate of Arts Degree program once they see that they are capable of handling the work in ECD 101. As of the summer of 2002, over 2,000 scholarships were awarded to caregivers to attend ECD 101 (State Official interview, 2002).

Another recent advance in the child care system in South Carolina was the creation of the South Carolina Child Care Coordinating Council (CCCC). The Council was created in the fall of 2001 through an Executive Order from the Governor. The Council is led by DHHS and includes 16 agencies and private organizations. It was charged with creating a strategic plan for child care in South Carolina and began meeting in January 2002 (State Official interview, 2002). The plan, released in July 2002, includes 12 objectives. Among these objectives are to develop a statewide voluntary rating system to measure child care quality (with more levels of quality than the ABC program); create public awareness strategies to educate community members (e.g., parents, educators, policymakers) about the meaning and value of child care quality; work to improve the quality of registered family-based child care providers; and revise DSS child care licensing regulations. The Council plans to achieve all of the objectives in 2003, except for the child care rating system, which is scheduled to be fully implemented in 2004 (SCDHHS, 2002).

Quality Enhancement Grants

What Does Research Say About Effective Practice in this Area?

A great deal of research has been conducted on child care quality. Research has identified elements of quality child care and has also revealed associations between the quality of child care and child development (Lamb 1998; National Research Council and Institute of Medicine, 2000; Vandell & Wolfe, 2000). However, little research has been conducted on the best way to go about improving the quality of child care across a state (GAO, 2002). This is a period of innovation and experimentation in many states, including South Carolina.

Research on child care quality has revealed two basic approaches to measuring quality: the structural attributes of the environment and caregivers' interactions with children. Structural attributes of the caregiving environment include child-staff ratio (the number of children per caregiver); group size (the total number of children in a single classroom); caregivers' education and training levels (both formal education and specialized training); caregiver wages; staff turnover; and health and safety features of the environment. The structural attributes of the environment help to support the "process" aspects of quality: the quality of interactions between caregivers and children, including caregiver sensitivity and responsiveness, language stimulation, and caregivers' participation in children's learning activities and play (GAO, 2002).

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[3] See http://www.naeyc.org.

Research has shown that both structural attributes and caregiver-child interactions have implications for child development. Reviews of studies of child care quality have concluded that structural attributes affect child development directly and indirectly by influencing caregivers' interactions with children. In addition, children who are in child care settings characterized by responsive and supportive caregiver-child interactions make better developmental progress. Correlations with child care quality have been found in several realms of child development including social/emotional development (e.g., social skills, cooperation, behavior problems), cognitive development, and language development. While small, the implications of the quality of child care for child development have been found to persist into elementary school (GAO, 2002; National Research Council and Institute of Medicine, 2000; Vandell & Wolfe, 2000).[4]

While research points to aspects of child care quality that should be targeted for improvement, little is known about the best mechanisms or incentives for child care providers to improve these program elements. Research has shown that the elements of child care quality related to child outcomes include caregiver-child interactions and structural attributes such as group size and child-staff ratio, health and safety-related features of the environment, and caregivers' education.

Program Information About Planning and Actual Practices in this Area

According to the Program Effectiveness Reports (PERs)[5] completed for each of the programs implemented by County Partnerships, 33 County Partnerships chose to award quality enhancement grants to child care providers. All 33 of these County Partnerships established an application process and attempted to recruit child care providers through various methods (e.g., letters, phone calls, newspaper advertisements). Once child care providers were selected and grants were awarded, all of the initiatives included some degree of technical assistance in using the funds and making improvements, as well as monitoring of grantees' use of the funds. In an additional five counties, quality enhancement initiatives were undertaken that did not involve the awarding of grants. Instead, child care providers applied for, and were accepted to receive, technical assistance as well as materials or supplies. Therefore, a total of 38 counties implemented a quality enhancement initiative.

The broad goal of the quality enhancement initiatives, stated explicitly in many of the PERs, was to help child care providers improve their quality and, more specifically, to become licensed, ABC Enhanced, or NAEYC accredited. This reflects Section 59-152-70(D) in the legislation: "Day care facilities receiving grants must first use a portion of their funds to achieve licensed status and then to achieve the equivalent status to that of enhanced ABC provider."

In 15 counties, the quality enhancement program was run solely by the county's Executive Director, in some instances with guidance from a child care subcommittee of the County Partnership.

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[4] Very little research on the effects of child care quality on child development has used an experimental design (that is, the random assignment of children to child care of varying levels of quality, thereby controlling for family selection factors). Although researchers use statistical controls to take into account characteristics of the family and child, it cannot be stated conclusively that higher quality child care leads to better child development.

[5] Who completed the PERs varied by county; they were either completed by the Executive Director, the vendor the County Partnership contracted with to administer the program, or by the county's Planning, Implementation, and Evaluation Consultant (from the Institute for Families in Society at the University of South Carolina). Each PER was supposed to be verified by the county's Executive Director, and they represent Child Trends' best source of information on the program activities undertaken by the County Partnerships.

In 20 counties, an outside child care expert was hired or contracted to run the program or to help the Executive Director run the program.[6] Child care experts included university staff (e.g., professors of early childhood development or education), county organizations or agencies such as Child Care Resource & Referral agencies, or individuals considered by the County Partnership to have expertise in early childhood care and education.

In general, it took longer than expected for County Partnerships to get their programs up and running. Of the 38 counties with quality enhancement initiatives, four of the programs began (that is, awarded grants or began providing technical assistance to child care providers) between July and September 2001; ten began between October and December 2001; 16 began between January and March 2002; and seven began between April and June 2002.[7] Therefore, 24 of the 38 programs had been running for six months or less by June 30, 2002. This reflects a comment often made in the PERs that unexpected obstacles arose when County Partnerships attempted to implement their quality enhancement initiatives. For example, more time for planning was often needed than was expected. Some Partnerships experienced difficulties in getting child care providers to apply, and some counties found it necessary to provide more assistance in completing the applications than they had expected, because child care providers were inexperienced with or intimidated by the process.

Some County Partnerships seem to have had trouble recruiting child care providers to apply for quality enhancement grants or programs. Recruitment methods included mailing letters or calling child care providers on lists provided to the County Partnerships by DSS or DHHS. Indirect methods, such as placing newspaper advertisements and posting flyers, were also used. The PERs for 24 of the 38 initiatives contain complete information on both the number of grants County Partnerships planned to award and the number of applicants. In 12 of the 24 counties, the number of applicants was lower than the number of providers the County Partnership planned to work with. Several PERs cite inexperience with applying for grants and an unwillingness to allow outsiders to interfere as possible reasons for some child care providers' apparent unwillingness to participate. Another factor may simply be that some counties have few established child care providers; it may be easier to achieve 15 applications in a county with 100 child care providers than in a county with far fewer providers. In addition, the lower than expected number of applications may be a reflection of the lack of familiarity with First Steps. It will be important to monitor the application process in the second fiscal year.

In the 33 counties that awarded quality enhancement grants, a total of 470 child care providers received grants.[8, 9] The number of grants in each county ranged from four to 52. Individual grant amounts ranged from $500 to $11,500. In the five counties where child care providers were offered technical assistance and materials (but not grants), a total of 142 child care providers were involved. Thirty-eight grantees improved their status by becoming licensed, ABC Enhanced, or NAEYC accredited by June 30, 2002. The fact that most facilities had not accomplished an increase in quality level is not unexpected, given that most grants were in place for six months or less.

Center-based child care providers were highly represented among the grantees. A few counties appear to have been able to recruit church-based and family-based providers, as well.[10] In addition, grantees seem to be fairly equally split between licensed child care providers and ABC Enhanced child care providers.[11] Therefore, it appears that County Partnerships may have had the greatest success recruiting center-based providers in the middle of the quality spectrum.

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[6] This information was missing in three PERs.

[7] One PER did not provide the start date of the county's quality enhancement initiative.

[8] This total does not include the number of child care providers that received grants in one county as the PER for that county reported the number of classrooms (44), rather than the number of child care providers.

[9] A total of 482 child care providers were accepted to receive quality enhancement grants, however 12 dropped out before receiving grants.

The PERs also provide information on how child care providers used the grants awarded to them.[12] In 31 of the 33 counties, funds were used to purchase materials, supplies, or equipment. In 17 counties, the strategies included professional development activities, such as mandatory training sessions organized by the County Partnerships or incentives or encouragement for caregivers to enroll in T.E.A.C.H. Other activities included improvements in health and safety features of the environment, and facility enhancements. Thus, the majority of child care providers who received grants used the funds to purchase materials and equipment, and many engaged in professional development activities. The quality enhancement initiatives included varying amounts of technical assistance and monitoring of grantees' use of funds. The frequency of monitoring ranged from none (or very little) to weekly visits or phone calls. In addition, the degree to which specifications for technical assistance and monitoring were well developed varied widely. For example, in several counties, informal site visits were conducted on an as-needed basis; in other counties, there were very clear guidelines for the amount of technical assistance that child care providers would receive (e.g., a one-hour site visit every other week). In some counties, mentoring systems were established. For example, in one county, grantees were paired with NAEYC accredited centers; the grantees were able to visit and observe in the accredited centers.

The degree to which participating child care providers' progress was monitored also varied widely across the counties. In some counties, child care providers were assessed before and after they participated in the program using instruments such as the Early Childhood Environment Rating Scale (ECERS), the Infant/Toddler Environment Rating Scale (ITERS), or the Family Day Care Rating Scale (FDCRS). In other counties, improvement was measured in terms of an increase in child care providers' licensed, Enhanced, or accredited status. Still other counties appear to have had no formal means for tracking child care providers' progress, at least given their reporting in the PERs (which asked explicitly about program activities).

Most of the County Partnerships intended to continue their child care quality enhancement initiatives in fiscal year 2001-02. They planned to continue working with the child care providers who were involved in fiscal year 2001-02, as well as to recruit additional child care providers.

How Does the Actual Program as Implemented Match Up With Best Practice Information?

As noted above, research has shown that child care quality has small but important implications for child development. In light of such research, the County Partnerships' efforts to improve the quality of child care in their counties are noteworthy. The approaches used by the Partnerships appear to be innovative, and innovation was necessary because little research has been conducted on the best ways to go about improving child care quality. The

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[10] This information was reported in only 18 of the 33 PERs.

[11] This information was reported in only 11 of the 33 PERs. According to Office of Research and Statistics data summarized by Marsh (2002), 68 percent of the child care providers involved in quality enhancement initiatives were ABC Enhanced or NAEYC accredited to begin with.

[12] This information was provided in 32 of the 33 PERs.

Partnerships' strategies therefore represent pioneering efforts in improving a state's child care quality. The programs should be evaluated and results should be tracked, both in terms of improvements in the quality of child care and implications for child development.

Bearing in mind the progress that County Partnerships have made, several recommendations for next steps and improvements can be made. County Partnerships enrolled many more center-based child care providers than other types of child care providers. In addition, County Partnerships appear to have recruited child care providers in the middle range of the quality spectrum. These factors do not necessarily mean that County Partnerships were not reaching child care providers in need of improvement; an ABC Enhanced center-based provider may have a long way to go before achieving NAEYC accreditation. However, County Partnerships' efforts to engage other child care providers, including faith-based and family-based providers, as well as providers at the lower end of the quality spectrum, should be strengthened. Perhaps this is something that will happen with time as the Partnerships gain a reputation within counties' child care communities and non-participants see the benefits that accrue to participating child care providers. However, the Office of First Steps should provide guidance to Partnerships that have struggled with recruitment. One option might be for counties with more successful recruitment strategies to share their experiences with those experiencing less success.

Most of the child care providers who received grants chose to use the funds to buy equipment and supplies. That was an appropriate first step for County Partnerships for several reasons. First, research has shown that a good physical environment in a child care setting (defined as clean, safe space and equipment, having a variety of age-appropriate toys, and with a quiet, protected play area) is related to ratings of positive caregiving (Marsh, 2002; NICHD ECCRN, 2000a). While the direction of causality cannot be inferred from this finding (that is, more sensitive caregivers may arrange their classrooms more appropriately than other caregivers), the finding shows that there is an association between aspects of the physical environment and caregiving. Hence, helping child care providers purchase materials and equipment was an appropriate first step for the County Partnerships in trying to build relationships with the counties' child care providers.

However, there are other elements of quality that the County Partnerships should target once relationships have been established. Experiences within specific counties suggest that it may be helpful to follow a sequence of steps in improving child care providers' quality. Once a relationship is established with a child care provider through a non-threatening activity such as helping them purchase materials, other elements of quality can gradually be addressed (from working on an adequate supply of play and educational materials, to focusing on subdividing space into activity areas, to consideration of activities appropriate for the different areas and themes to focus activities on) until County Partnerships reach the end-point of attempting to improve caregivers' interactions with children. It might be too threatening to child care providers if outsiders attempted to address staff-child interactions from the beginning, and Partnerships might have experienced a high level of drop-out had they attempted to do so. County Partnerships may want to consider attempting to foster quality enhancement through a progression of activities until they are able to address the aspects of child care that might be the most difficult to change or the most threatening to child care providers. Partnerships should carefully track the successes and problems encountered when trying to implement this sequence of quality enhancement.

According to best practice information, an extremely important aspect of child care quality is child-staff ratio, particularly for infants and toddlers (Marsh, 2002). However, none of the County

Partnerships addressed child-staff ratio (outside of efforts to improve licensure/accreditation status, which would have implications for child-staff ratio), perhaps because it is an expensive undertaking. While child-staff ratio is very expensive to improve, County Partnerships should find ways to address it among child care providers with ratios that far exceed recommended levels (Marsh, 2002).

An examination of PERs suggests that plans for quality enhancement initiatives tended to be formulated with greater specificity when County Partnerships hired or contracted with child care experts to run their programs. The PERs for most of those counties contained clear plans for the amount of technical assistance and monitoring each grantee was to receive (e.g., the number of site visits, the number of hours), as well as expectations for grantees' improvements. Grantees were also required and helped to develop clear plans for improvements. Some (but by no means all) of the programs run by counties' Executive Directors were less specific in terms of expectations of grantees and technical assistance. It might not be feasible for counties with a lack of funding or a lack of available expertise to hire a child care expert to implement the strategy. In those counties, intensive training and guidance should be provided by the Office of First Steps to Executive Directors who lack a strong background in child care.

Finally, it is extremely important for County Partnerships to monitor child care providers' progress as they participate in quality enhancement initiatives. Partnerships' monitoring activities were highly variable across the counties in fiscal year 2001-02. This is understandable because, in general, it took longer than they expected for Partnerships to implement their quality enhancement programs, and many of them had been in place for less than six months by June 30, 2002. Many Partnerships did not have time to fully develop their programs, including strategies for monitoring progress. In fiscal year 2002-03, quality enhancement initiatives will be in place for a full year; greater progress will be possible, and monitoring the achievements will be essential. However, this takes time, and immediate and total change cannot be expected.

Staff Training and Development

What Does Research Say About Effective Practice In this Area?

According to research summarized by Marsh (2002) in her Effective Practices Report entitled *Child Care Strategies of First Steps Partnerships 2001 – 2002*, the education level and continuing training of caregivers is related to the quality of child care they provide. For example, the NICHD Early Child Care Research Network (1996; 2000) found that caregivers' level of education and beliefs were significant predictors of positive caregiving (e.g., responsiveness and stimulating interactions with children). Caregivers' level of education is also related to child outcomes (Vandell & Wolfe, 2000). Researchers have found that children who are cared for by caregivers with degrees in child-related fields have better language skills (Howes, 1997) and higher scores on cognitive assessments (Dunn, 1993).[13]

Some researchers have investigated whether caregivers should have formal degrees, or whether receiving some amount of training is enough to make a difference in the quality of care they provide (Marsh, 2002). Howes (1997) found that a more advanced education level (that is, a Bachelors or more advanced degree in Early Childhood Education) was associated with greater caregiver sensitivity and responsiveness. In addition, caregivers with Associate of Arts degrees and Child Development Associate certificates provided better care than caregivers with "some college" or a high school degree plus attendance at workshops. Howes suggests that participation in formal education programs makes a difference, and that taking a college course or two or attending informal workshops may not be enough to make a difference in the quality of child care.

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[13] As noted in the section on research on child care quality, very little research on the effects of child care quality has used an experimental design (the random assignment of children to the classrooms with differing quality characteristics, thereby controlling for family selection factors). Although researchers examining caregiver education use statistical controls to take into account characteristics of the family and child, it cannot be stated conclusively that higher caregiver education leads to better child development.

There is evidence that the education level of caregivers is important for children ages three and above, but what might be more important for younger children is child-staff ratio and group size (Marsh, 2002). The NICHD Early Child Care Research Network (2000a) found that in infant child care settings, caregivers' education level was associated with positive caregiving, but the association was not as strong as that between group size and positive caregiving, and between child-staff ratio and positive caregiving. However, the importance of caregivers' education level increased as children got older, such that by age 36 months, education level was a stronger predictor of positive caregiving than staff-child ratio or group size.

Program Information About Planning and Actual Practices in this Area

Many County Partnerships engaged child care providers in training and professional development activities. Some Partnerships made the opportunities available to the entire child care workforce, while others provided opportunities only for child care providers involved in Partnership quality enhancement initiatives. Data indicate that there is a need for education and training of South Carolina's child care workforce. In a survey of South Carolina's child care providers conducted in 2000, 77 percent of center-based providers indicated that "most to all" of their staff had less than an Associate's Degree in any subject. Among home-based providers, 83 percent had less than an Associate's Degree (Marsh, 2001).

Twelve counties offered training for caregivers separately from training that may have been required of child care providers who received quality enhancement grants or technical assistance.[14] Six of the programs began between July and September 2001; three began between October and December 2001; one began between January and March 2002; and one began between April and June 2002. Therefore, about half of the programs had been running for nine months or longer by June 30, 2002.

Most of the programs offered training sessions from which caregivers could pick and choose. Topics were wide-ranging and included health/safety; relationships and interactions with children; children's growth and development; early literacy; and curriculum development. In some of the counties, training sessions were certified by DSS, so caregivers could attend them to fulfill the hours necessary for licensure. Sessions were taught by instructors from local technical colleges or by child care experts hired by the County Partnerships. It appears that the training sessions were well-attended.[15]

The number of sessions offered in each county ranged from one to 50, and the County Partnerships' strategies varied widely. For example, in one county, a single two and a half-hour session was provided on relationships and interactions between caregivers and children. In another county, First Steps funds were used to expand DSS-certified training from two school districts to five school districts in order to make it more accessible. Training sessions were held monthly, and three or four workshops (lasting three hours each) were offered during each session. In a third county, a training opportunity was provided for rural, family-based child care providers. Over the course of four months, an instructor from a technical college provided 12 workshops lasting two and a hour-hours each.

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[14] One County Partnership did not submit a PER for their program, so this section contains information for 11 of the 12 counties.

[15] The Office of First Steps is beginning to collect attendance data for the training sessions, but issues with data reporting need to be reviewed and clarified before these numbers are reported.

Two County Partnerships with training initiatives separate from quality enhancement initiatives collaborated with the T.E.A.C.H. program to encourage child care providers to attain more formal education. One Partnership provided scholarships for caregivers to enroll in T.E.A.C.H. classes. The other Partnership collaborated with a university to set up two ECD 101 classes and one higher-level class in their county (see description under "Innovations to Watch," below).

How Does the Actual Program as Implemented Match Up With Best Practice Information?

Research indicates that caregivers' level of education and training are important predictors of the quality of care they provide, as well as the developmental outcomes of the children in their care. Therefore, County Partnerships that chose to address the education and training of their counties' child care workforce indeed chose a promising strategy to improve the overall quality of child care. However, research on best practice generates several recommendations for Partnerships' programs. It should be noted that these recommendations apply to Partnerships that offered training as part of their quality enhancement initiatives, as well as to Partnerships that offered training to every child care provider in their counties.

Most of the counties with stand-alone training programs (that is, open to all of the child care providers in the county regardless of their participation in the County Partnership's quality enhancement initiative) offered workshops, oftentimes certified by DSS. Child care providers were able to choose which workshops to attend, and, in some counties, only a small proportion of the caregivers attended more than one workshop. Only two counties offered something more formal by collaborating with the T.E.A.C.H. program. According to best practice information (Marsh, 2002), Partnerships should try to focus on formal education, even though such an effort might be more time-consuming and expensive than offering workshops. Caregivers should be encouraged to obtain a higher level of training and a degree rather than participating in a single workshop. Workshops most likely served as a good way for Partnerships to build relationships with their counties' child care providers, but future efforts should focus on formal education in addition to workshops.

Another recommendation is that County Partnerships should track attendance information carefully. Few of the PERs contained attendance information, and when the information was included, an overall count was given for the total attendance across multiple sessions, without including information on the number of caregivers who attended more than one session. In the future, Partnerships should track the number in attendance at each session, as well as the total number of caregivers served in the county (that is, they need to keep track of the number of caregivers who attended more than one session). Partnerships should also keep track of the average number of hours of training completed by caregivers.

The PERs also did not provide information on the types of caregivers who attended training sessions (although this information may have been tracked). For example, were attendees predominantly caregivers from NAEYC accredited centers, or were they licensed family-based providers? Attendance patterns should be documented, and if County Partnerships find that they are tending to recruit caregivers from a certain sector, steps should be taken to reach out to other sectors in their child care communities.

A final recommendation, suggested by Marsh (2002), is to pair training with mentoring so that what caregivers learn in training sessions is reinforced by child care experts in the settings in which lessons should be applied. This might be a way to strengthen training initiatives and ensure that new knowledge is put into practice. This would be an innovative strategy, and its effectiveness should be evaluated in comparison to attendance at workshops alone and to the pursuit of formal education alone.

Child Care Scholarships

What Does Research Say About Effective Practice in this Area?

Many County Partnerships chose to provide child care scholarships for children from low income families, thereby addressing the issue of the affordability of child care as stipulated in the First Steps legislation.

Research indicates that children from low income families are more likely than children from higher income families to be in home-based child care. Further, research indicates that there is less of a difference in child care quality according to family income in center-based care than there is in home-based care (Huston, 2002). Many states have instituted initiatives whereby low income families receive child care subsidies in order to alleviate the financial burden of participation in child care and, in some states, to ensure that children have access to higher quality child care. However, states have struggled to find a balance between providing scholarships for some children to receive high quality child care and providing scholarships for as many children as possible (by allocating less money per child, thereby not necessarily ensuring that families can afford high quality child care; Huston, 2002).

According to Marsh (2002), there is evidence that low income families who receive child care subsidies are more likely to choose higher quality, formal child care, rather than relying on low quality or informal arrangements (e.g., Fuller, 2001). In South Carolina, families that received First Steps funded child care scholarships had to place their children in child care that was ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or working to become ABC Enhanced (either by participating in the ABC program or a County Partnership's quality enhancement initiative). That is, scholarships were required to be used to pay for child care meeting certain quality requirements.

Program Information About Planning and Actual Practice in this Area

Twenty-four County Partnerships used First Steps funds to provide child care scholarships to low income families. The majority of the scholarship funding for families began after January 2002, but families will continue to receive funding for a full year. A total of 686 children across the state received First Steps funded child care scholarships.[16]

Fourteen County Partnerships' scholarship programs were administered by South Carolina DHHS as an extension of the ABC voucher system (which is unable to provide the number of child care vouchers needed by South Carolina's families and so has a substantial waiting list). The ABC voucher system provides funding for child care to low income families in which parents are working, in school, or in training. The income eligibility cut-off is 150 percent of the poverty level. The remaining ten County Partnerships chose to administer scholarships themselves; these programs were usually run by counties' Executive Directors. Families who received First Steps funded scholarships (either through DHHS or directly from County Partnerships) had to choose child care providers who were ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or who were working to become ABC Enhanced through the ABC program or through County Partnerships' quality enhancement initiatives. In an effort to maintain parental choice, DHHS provided an extra 20 percent of the amount each county allocated; scholarships awarded using DHHS funds could be used for any type of child care that parents chose.

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[16] This number is different from the number of scholarships reported by County Partnerships in their Annual Reports. The discrepancy is due to the fact that the Annual Reports provided information on the number of slots Partnerships funded, while the PER from DHHS reported the number of children who actually received scholarships. In some cases, the number of children who received scholarships was significantly lower than the number of scholarships Partnerships had planned to provide.

DHHS recruited families either by sending applications to families on existing ABC voucher waiting lists or by following guidelines established by the individual County Partnerships. Partnerships used various methods of recruitment, including advertisements, referrals from local agencies, and asking child care providers to recruit families.

Several County Partnerships chose to administer the scholarship programs themselves rather than through DHHS in order to allow greater flexibility. Some Partnerships used eligibility requirements for families that were different from those used in the ABC voucher program, for example by allowing families with slightly higher income levels to receive scholarships. In one county, the parents of children who received child care scholarships were required to attend two Parents as Teachers parent group meetings per month.

How Does the Actual Program as Implemented Match Up With Best Practice Information?

By providing child care scholarships for children from low-income families, County Partnerships alleviated some of the financial burden facing those families. The Partnerships also required children to be enrolled in facilities that were ABC Enhanced, equivalent to ABC Enhanced, or attempting to become ABC Enhanced, thereby ensuring that at-risk children received child care that met or was working to meet specific quality requirements.

The PERs do not contain information on whether or not scholarships were provided to the families most in need of scholarships. For various reasons, the neediest families may not have applied for scholarships. County Partnerships should study whether or not this is the case and, if it is, strengthen their outreach efforts. In addition, for most of the counties with scholarships administered by DHHS, fewer applications were sent out than the actual number of scholarships that Partnerships intended to provide. Therefore, fewer children received scholarships than Partnerships had intended. This may be a reflection of how recently these programs were launched. Fiscal year 2002-03 may show a closer correspondence between scholarships planned and provided. This and other possible bases for the difference between planned and provided scholarships should be explored. If the underlying issues go beyond program start-up, strategies should be sought to meet intended targets.

Marsh (2002) points out that First Steps funded child care scholarships might have a long-term, indirect effect on child care quality. Because scholarships can only be used in ABC Enhanced facilities or in facilities attempting to become ABC Enhanced, more child care providers throughout the state might begin to see an added benefit to becoming ABC Enhanced. Whether or not this unintended consequence actually occurs is something that should be monitored by County Partnerships.

Other Child Care Programs

Ten County Partnerships implemented something other than (or in addition to) the three main child care strategies. These strategies varied widely and were very innovative; and there is little research on "best practice" to compare the strategies against.

Therefore, this section will provide a brief overview of several Partnerships' strategies.

In one county, a need was uncovered to provide child care during nontraditional work hours. The County Partnership awarded grants to four child care providers to extend their hours of operation. In another county, the First Steps office carried out background checks of new child care employees for no fee in order to help child care providers fulfill licensing regulations and alleviate the cost of conducting the checks themselves. In two counties, resource centers were created for child care staff. The resource centers contained information on early education curricula, as well as materials that caregivers could take to use in their classrooms. In another county, in addition to the provision of on-site technical assistance, efforts focused on conveying respect and a sense of professionalism to child care providers through efforts to re-energize a county professional organization of child care providers and through a county-wide professional meeting for providers.

County Partnerships chose to implement all of these disparate programs in an effort to either improve the quality of child care or to increase families' access to child care. The programs' progress and outcomes should be monitored closely to determine their degree of success.

Client Satisfaction Information for 2002

The First Steps legislation stipulates that families' satisfaction with First Steps programs should be monitored (Section 59-152-70[f]). A Family Satisfaction Survey was created by William Preston & Associates in cooperation with the Office of First Steps. However, the survey was only administered for the child care strategy in one county.[17] In this county, the child care strategy included training and technical assistance. The survey was returned by 233 parents of children who were cared for by child care providers involved in the county's child care strategy. Although the survey did not contain a question about parents' overall satisfaction with the child care providers, parents were generally happy with certain aspects of the caregiving environment. To highlight a few of the results, 81 percent of parents indicated that their child is often or always involved in classroom learning activities; 86 percent said that their child often or always learns things that will help later in school; 94 percent said that there are enough toys, books, pictures, and music; 92 percent feel that the children often or always learn how to get along with each other; and 93 percent feel that the teacher is often or always warm and affectionate with their child. Parents did not respond as favorably to several items. For example, a fair proportion of parents indicated that the caregiver could benefit from more help: 29 percent of parents feel that the caregiver often or always needs more help, and 50 percent feel that the caregiver sometimes needs more help. Twelve percent of parents indicated that they often or always worry about safety, and 36 percent sometimes worry about safety.

Therefore, it seems that the parents of children in child care involved with the First Steps initiative in one county were satisfied with the care that their children received, but there was some variability in their perceptions of safety and the need for more help. In the future, a client satisfaction survey should be administered in every county in order to determine how satisfied parents are with the child care providers involved in County Partnerships' child care initiatives. The survey should include a question about their overall level of satisfaction, as well as questions about particular aspects of the child care environment.

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[17] The PERs from several additional counties state that satisfaction surveys were administered, however they did not report the results, and Child Trends did not have access to those data.

Lessons Learned and Recommendations

To summarize the major lessons learned and recommendations for County Partnerships' child care initiatives:

- The County Partnerships' efforts to enhance the quality of child care, improve caregivers' level of training and education, and improve families' ability to afford quality child care are noteworthy and important. The approaches used by the Partnerships were often innovative, something that was sometimes necessary, especially in the area of quality enhancement, because little research has been conducted on the best ways to actually go about achieving improvements in child care quality. The Partnerships' strategies therefore represent pioneering efforts in improving a state's child care quality. The programs should be evaluated and results should be tracked, both in terms of improvements in the quality of child care and implications for child development and school readiness.
- In general, it took longer than County Partnerships expected to implement their child care programs. The vast majority of the programs had been in place for less than 12 months by June 30, 2002. This first year was a time to develop programs and procedures, a major undertaking considering that the Partnerships designed and implemented brand-new initiatives. In fiscal year 2002-03, programs will have been in place for a full year, so further accomplishments will be possible. Nevertheless, the necessary changes cannot be completed in just a couple of years.
- County Partnerships' efforts to engage child care providers below the ABC Enhanced level, as well as non-center-based providers, should be strengthened. This applies to both quality enhancement and professional development initiatives. However, ABC Enhanced child care providers might also be in need of quality enhancement and professional development, so they should continue to be included in Partnerships' efforts.
- Helping child care providers purchase equipment and materials was an appropriate first step for County Partnerships that implemented quality enhancement initiatives. Such purchases likely helped child care providers make basic improvements in their classrooms and helped to establish a relationship between Partnerships and counties' child care communities. It is important to assure, however, that this is only a first step towards quality enhancement, and that other aspects of quality will be addressed (e.g., subdividing space into activity areas, consideration of activities appropriate for the different areas, caregivers' interactions with children). This will likely happen in the next program year as the areas of technical assistance progress. County Partnerships should ensure that the progression to other elements of child care quality actually occurs.
- Child-staff ratio is an important element of child care quality, particularly for infants and toddlers. While child-staff ratio is very expensive to address, County Partnerships should address it to the extent possible among child care providers with ratios that substantially exceed recommended levels.
- In the Program Effectiveness Reports (PERs), an overall trend emerged suggest-

ing that plans for quality enhancement initiatives were more specifically formulated when County Partnerships hired or contracted with child care experts rather than relying on the Executive Director to implement the initiative. Whenever the Executive Directors does not have an extensive background in child care, County Partnerships may want to hire an outside expert to implement their quality enhancement initiatives. This might not be feasible due to a lack of funds or a lack of such a resource in the county; in those instances, intensive training and guidance could be provided to the Executive Directors by the Office of First Steps.

- The monitoring of the progress of child care providers involved in counties' quality enhancement initiatives was highly variable across the counties. Some counties used environmental rating scales, while others measured improvement in terms of an increase in the number of child care providers who became licensed, ABC Enhanced, or accredited by the National Association for the Education of Young Children (NAEYC), while still others appear to have had no way of tracking improvement. Gains should be measured and documented to show that First Steps initiatives are having an effect. The Office of First Steps should provide clear guidelines to County Partnerships on how to measure the progress of quality enhancement initiatives.
- According to best practice information on caregiver training and education, County Partnerships should encourage child care providers to seek formal education and degrees in addition to participating in specific workshops. This recommendation applies to Partnerships that offered training as one component of their quality enhancement initiatives, as well as Partnerships that made training available to every child care provider in their counties.
- County Partnerships should track their training initiatives' attendance information carefully. They should track the number in attendance at each session, as well as the total number of caregivers served in the county (that is, they need to keep track of the number of caregivers who attended more than one session). Partnerships should also keep track of the average number of hours of training completed by caregivers.
- Further information is needed regarding whether or not child care scholarships were provided to the families most in need of them. This will determine whether further outreach is necessary to inform the families most in need of scholarships of their availability. Further, the correspondence between the number of child care scholarships awarded and the number intended should continue to be tracked to assure that the discrepancies that have occurred to date reflect program start-up and not an underlying issue that needs to be addressed.
- Client satisfaction surveys should be administered in every county to the parents of children cared for by the child care providers involved in County Partnerships' child care initiatives. The survey should include a question about the parent's overall level of satisfaction, as well as questions about specific aspects of the child care environment and staff-child interactions.
- County Partnerships implementing similar child care strategies should be provided with opportunities to share their experiences. Such opportunities would help Partnerships learn about initiatives that they might want to try, as well as deal with problems that were common across the counties.

- A noteworthy new effort to implement four-year-old kindergarten (4K) programs in private child care centers was recently undertaken in South Carolina. When many County Partnership Boards decided to fund 4K programs, there was serious concern in counties' child care communities that they would lose a significant proportion of their children to 4K. First Steps therefore decided to issue a Request For Proposals for several private child care providers to implement 4K. Both DHHS and First Steps have allocated funding for the initiative, and the Department of Education has leant its support (State Official interview, 2002). The effects of the initiative on the child care market should be monitored. In addition, it will be important to document what was required to assist child care providers in meeting the program requirements for 4K. Finally, how children in child care 4K programs fare in comparison to children in other 4K programs should be monitored over time.

Innovations to Watch

We have already noted the work in several counties to delineate a sequence of steps in the provision of on-site technical assistance to improve child care quality (quality enhancement initiatives in Greenville and Aiken counties). From among a number of other innovative approaches within counties, this chapter will conclude with descriptions of two County Partnerships' child care initiatives that seem particularly noteworthy—one in Lancaster County and one in Pickens County.

The child care strategy in Lancaster County included the development of a network of "master teachers" who mentored and trained child care providers. Ten master teachers with backgrounds in early childhood education (college degrees and experience) were recruited and received 50 hours of training in the fall of 2001. The master teachers then divided into five teams of two and worked with a total of 20 center-based child care providers serving children from ages three to five. The master teachers provided training sessions for child care staff and weekly on-site visits. During the weekly visits, the master teachers addressed child care teachers' interactions with children and the quality of early learning experiences. In addition, participating child care providers were given activity kits; the master teachers provided guidance in the use of the activities (e.g., blocks/manipulatives, sand/water). Plans for the next year of the program include developing a similar program for infant/toddler child care providers. The program is noteworthy because it paired training with site visits so that child care providers could receive direct assistance in implementing new teaching strategies and using new materials in classrooms. It is also noteworthy because enough master teachers were hired and trained to be able to visit child care providers every week.

Pickens County First Steps contracted with Clemson University to develop a Child Care Leadership and Training Institute (CCLTI) to improve access to training programs, improve child care providers' professional development, and facilitate providers in achieving higher levels of quality. In the fall of 2001, a director and an assistant director were hired, and CCLTI worked with Teacher Education and Compensation Helps (T.E.A.C.H.) and Tri-County Technical College to set up Early Childhood Development (ECD) 101 classes, as well as a higher-level class for caregivers to obtain continuing education credits. Two ECD 101 classes were taught by Tri-County College Instructors. These classes began in January 2002, and consisted of 16 weekly sessions lasting three hours each. A total of 36 caregivers enrolled; 34 attended all of the classes and received three college credits. Eighty percent of the tuition was paid for by T.E.A.C.H. One higher-level class was taught by CCLTI personnel from January through the end of March. The class consisted of four six-hour sessions. Thirty-two caregivers enrolled, and 23 received the full dosage (the remaining nine attended three of the sessions). The program is noteworthy because it greatly improved caregivers' access to formal education in Pickens County and successfully recruited caregivers for two levels of classes.

These programs illustrate the groundbreaking efforts that have been undertaken by County Partnerships to improve the quality of child care and the education level of caregivers. They are noteworthy due to the intensity of the services offered—weekly technical assistance site visits to foster change, and improving caregivers' access to formal education. Through these and the other County Partnerships' initiatives, First Steps has the potential to bring about improvements in the quality of South Carolina's child care.

Parenting/Family Strengthening

Introduction

A child's primary caregivers are the most important and influential individuals in a child's life. They are responsible for providing the material and emotional support children need to survive and thrive in the world, and they serve as children's first teachers. When parents do not or cannot provide these crucial supports, children's development is jeopardized. The First Steps legislation recognizes the central importance of parenting and consequently the need to fund programs focusing on parenting support. The first goal of South Carolina's First Steps to School Readiness initiative is "to provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children" (SC First Steps Legislation, Section 59-152-30). Furthermore, Section 59-152-100(A)(1) of the legislation states that activities and services provided by a First Steps Partnership "must be made available to young children and families on a voluntary basis and must focus on lifelong learning: (a) school readiness, (b) parenting skills; (c) family literacy; and (d) adult and continuing education." All of these activities are elements of parenting/family strengthening intervention programs.

In an effort to improve parenting skills and family resources, 44 County Partnerships funded a total of 97 parenting and family strengthening programs between 1999 and 2002. The majority of the programs were based on one of three nationally recognized models: Parents as Teachers (PAT), Parent Child Home (PCH), and Family Literacy, or some combination of these three models. In addition, four programs funded by County Partnerships focused on providing families with children's books or encouraging parent-child reading experiences, and five programs focused at least in part on providing parents with English as a Second Language (ESL) training. It should be noted that although two-thirds of the funded programs were extensions of existing parenting programs, due to the time it took to gain grant approval and funding, and then the additional time to hire and train new staff and recruit new clients, the majority of these programs were actually seeing clients for less than a year as of June 30, 2002. In fact, many First Steps-funded parenting programs operated for less than six months during fiscal year 2001-02 confirming that the parenting/family strengthening strategies were in the early phases of implementation during the first three years of First Steps.

This section of the report describes the importance of parenting and family strengths in supporting children's early cognitive and social development. It also outlines best practices in intervention programs designed to help strengthen parents and families. We review the types of parenting/family strengthening programs funded by County Partnerships, and evaluate the quality of the implementation of those programs in light of research on best practices. The chapter concludes with lessons learned and recommendations for the future.

Overview of Key Findings and Conclusions

To anticipate the information presented in this chapter, we review here a few key findings from the analysis of parenting/family strengthening programs, and some related recommendations for "further steps":

- Through First Steps funding, parenting programs were able to serve additional families who would otherwise not have been served. Additional staff were trained in program models (when models were being used). Staff had varying levels of education and prior experience coming into the parenting/family strengthening programs.
- First Steps' Parents as Teachers and Family Literacy programs were implemented with a high degree of variability with regard to target populations, duration of program, and intensity of program. Many programs deviated from the program models. Parent Child Home programs were

likely to stick more closely to the program model with regard to intensity of home visits, but often augmented the model by adding additional elements.

- The school districts were often the vendors for home visiting programs (i.e., Parents as Teachers and Parent Child Home) and components of Family Literacy programs (e.g., GED classes). Schools offered numerous in-kind supports to these programs in terms of space, personnel, and resources. Schools were therefore extremely important to the success of the implementation of many First Steps' parenting/family strengthening strategies.
- Finding qualified bilingual staff to meet the needs of the Hispanic community was challenging in some high-needs areas of South Carolina. This is a particular challenge in need of some innovative solutions.
- Lack of adequate transportation was also a problem that hindered full participation in all aspects of parenting/family strengthening programs.
- Efforts are needed to strengthen the current parenting/family strengthening programs so that effects on family functioning and child outcomes are optimized. Reviews of the evidence caution that these programs tend to have modest effects at best, and indicate especially limited effects of such programs unless parents are highly engaged. Results also underscore the importance of adherence to program models.
- In order to strengthen the current parenting/family strengthening programs so that effects on family and child outcomes are optimized, it would be important to focus on the following implementation and quality issues:
    - ☐ Improving recruitment efforts;
    - ☐ Matching the program model to the population served;
    - ☐ Monitoring dosage, intensity, and duration of services;
    - ☐ Engaging qualified staff;
    - ☐ Monitoring fidelity to the model, if a model is used; and
    - ☐ Using appropriate outcome measures, when the time is right.
- A further possibility for strengthening the potential outcomes of parenting and family strengthening programs for children is combining elements of these programs with high quality early childhood care and education. Research on best practices finds that effects on children's cognitive and social development are most likely to be achieved when direct, high-quality services to children are combined with parent education and involvement. Currently, parenting/family strengthening programs and child care services collaborate mainly at the level of providing referrals to each others' services. Child care offered within Family Literacy models often was available only when parents were engaged in educational classes or group meetings, and its quality could not be determined. A recommendation would be to strengthen the linkages between services to provide children with consistent high quality child care and to provide parents with parent education, vocational training, or other support services. Parental involvement in children's high quality child care settings is most beneficial.
- Many parent educators were responsible for creating their own referral resources. A final recommendation is that each county develop a comprehensive directory of services that can be used by parent educators to help families connect with needed services. Creating such a comprehensive directory will be more efficient than having each parent educator "reinvent the wheel" and may also encourage communi-

cation and collaboration across agencies within a community.

Background on the Importance of Parenting to Children's School Readiness

According to a recent comprehensive review of the developmental literature, a positive, consistent relationship between children and primary caregivers (usually the parents) is the foundation for children's cognitive and social development (National Research Council & Institute of Medicine, 2000). Specifically, healthy and supportive parent-child relationships encourage children to explore and learn from the environment, transmit cultural values and social norms, foster the development of secure attachment relationships with other individuals, and permit the development of cooperation and independence. Indeed, parents are found to be a more important influence on children than either child care or schools (e.g., NICHD Early Child Care Research Network, 1997). Collectively, this research supports the concept that "parents are a child's first teacher" (National Education Goals Panel, 1997) and suggests that supporting parents in their role as caregiver is critical to children and to school readiness.

Good parenting is defined as "parents' skillful adjustment to the needs and characteristics of their children as individuals as well as the impact of the family environment and its circumstances" (National Research Council & Institute of Medicine, 2000, p. 227). When good parenting happens, children thrive. Conversely, when parents lack good parenting skills, child outcomes related to school readiness are placed in jeopardy. For example, research indicates that if parents respond inappropriately or inconsistently to their child's needs, there is a higher likelihood that children will have poor social and emotional outcomes (such as increased aggression, hyperactivity and distractibility, and less secure attachments) in kindergarten and later schooling (Huffman, Mehlinger, Kerivan, Cavanaugh, Lippitt, & Moyo, 2000; Patterson, 1986; Patterson, DeGarmo, & Knutson, 2000).

Sometimes, in spite of being well-attuned to a child's needs, a parent is unable to provide for those needs due to economic, personal, or environmental circumstances. Children in low-income families, children whose caregivers are unemployed or who have inadequate education or language skills, and children who have caregivers with substance abuse problems, serious marital problems, or mental illness, are especially at a disadvantage for achieving school success and other life successes (Huffman et al., 2000). A typical strategy to support these children and families is to provide parents with educational opportunities, job training, other life skills training, and/or other social services. The underlying theory is that helping parents achieve their own educational, job-related, or life goals will not only benefit the parents, but also will help pull children out of poverty, improve parent-child interactions, and set an example of achievement in the family.

The conceptual model adopted by South Carolina's First Steps to School Readiness initiative is based on this collective body of theory and research. Accordingly, the parent-child relationship is depicted as one of the closest links to a child's school readiness capabilities, and "parenting support" is what can make a difference in the quality and consistency of that parent-child relationship. According to Brown and Swick (2002), what constitutes parenting support is wide-ranging. The type and intensity of parenting support is dependent upon the needs of the family. For those families with adequate resources and relatively little stress, parenting support can be as minimal as providing written information on child development topics periodically. For families with few economic or social resources and many stressors, frequent and comprehensive support is often required. For instance, a program of support for a high-needs family might include providing information on child development as well as modeling good parent-child interactions on a regular basis; providing parents with literacy or English as a Second Language training, adult education or job training classes; providing respite care and/or transportation as needed; supplying families with toys and books for children as well as basic baby needs like formula and clothing; and assessing family needs and providing referrals to other needed services, such as medical, housing, job, or financial assistance; foster care; or domestic violence assistance (Brown & Swick, 2002).

What Does Research Say About Effective Practices in Parent Education and Family Strengthening Programs?

Home Visiting

Home visiting is not an intervention in itself, but rather a mode of delivery for parent education/family strengthening interventions. "Home visitors" make regular visits to the homes of families to impart information, instruction, and services to families. Most home visiting programs focus on helping families with young children, sometimes providing prenatal visits, in an effort to prevent child maltreatment and promote child and family well-being. A recent review of rigorous evaluations of a variety of home visiting models (a review sponsored by the David and Lucile Packard Foundation and reported in the spring/summer 1999 volume of *The Future of Children*) concluded that positive improvements in parenting and child outcomes were "exceptions rather than the rule" and recommended that home visiting programs focus on efforts to enhance implementation and the quality of their services (The Future of Children, 1999, p. 15). For only one home visiting model was there rigorous experimental evidence of positive, long-term outcomes for both parents and children (Olds et al., 1999). This program was specific to first-time teen mothers, and many of the long-term effects were attributed to helping these young mothers space and limit subsequent child bearing through the provision of family planning information and services during nurse home visits.

The report identified several challenges facing home visiting programs with regard to implementation:

- Families are difficult to engage, both at the recruitment stage, and then once they are in the program. For example, many families decline to participate in voluntary home visiting programs, and attrition is high among those who do enroll. Also, families who are enrolled in a home visiting program receive, on average, about half of the intended number of home visits, regardless of the frequency of those scheduled visits. The rate of "no shows" for home visits indicates problems with family engagement (or a lack of adaptation of the program to accommodate the parent's need to work).
- The programs' curriculum is not always delivered with fidelity to the models. For example, home visitors may not stay the intended length of time during a home visit, suggesting that the content of visits may differ from one home visitor to another in a single program. When a model is not delivered as intended, it is not reasonable to expect the same outcomes for parents or children as are achieved by the model when it is delivered with fidelity.
- The characteristics and qualifications of the staff are critical to the success of the program, both with regard to family engagement and fidelity to the model. At a minimum, home visitors must have good interpersonal skills to engage families and good training in the model to deliver the model as intended. *The Future of*

Children report suggested that it would be necessary to have highly trained staff to work with families with multiple risk factors, and close supervision should be provided to all staff, regardless of skill level, to deal with stress and guard against drift from program protocol (The Future of Children, 1999, p. 18).[1] Attrition of staff is also a major concern, given the importance of the relationship between the home visitor and the family to the success of the intervention. Adequate caseloads and salaries may be factors in staff attrition.

The report concluded that only modest improvements could be expected from home visiting programs (even if they were delivered with fidelity to the model), and that they should not be relied upon as the sole service strategy for families with young children (The Future of Children, 1999, p. 15).

Historically, two home visiting models have been widely used in South Carolina: Parents as Teachers (PAT) and Parent Child Home (PCH). Many County Partnerships chose to extend existing PAT and PCH programs to serve more families, or established new PAT and PCH programs. The extent to which child outcomes are expected to be affected by these programs is dependent upon whether the models have been shown to be effective in previous, rigorous evaluation research; and whether the programs were implemented as intended, with fidelity to the quality elements which comprise the models. A brief background on these two models and their quality elements follows, along with relevant information on previous evaluations of these models. Whether the models were implemented in South Carolina as intended will be reviewed in the following section of this chapter.

Parents as Teachers

Parents as Teachers (PAT) originated in Missouri in 1981 and was designed to provide parents of all children from birth through age five with both parent education and family strengthening support. This model was based on work conducted by Burton White and colleagues, who found an association between children's curiosity and readiness to learn and parents' level of knowledge about children's development and parenting skill (Brown & Swick, 2002). There are four components to this model:

- Regularly scheduled home visits by a credentialed, paraprofessional parent educator. The regularity of home visits varies from monthly or bi-weekly to weekly, depending on need and funding levels. All home visits are designed to last about one hour each. During these home visits, information about child development and parenting processes is shared. Many programs use the *Born to Learn* curriculum, which is appropriate for children ages zero to three. There are also specialized curricula (and certification) for three- to five-year-olds, teen parents, and families with special needs.
- Group meetings. The group meetings are intended to create support networks for parents and to share additional parenting information. The regularity of these meetings, as well as their length, is variable. However, typically, they occur twice a month for an hour each.
- Monitoring of the child's development. Monitoring is supposed to be conducted by both parents and parent educators. Many PAT programs use an instrument called the *Ages and Stages Questionnaire*, which is administered to the parent by the parent educator and asks about developmental milestones the child has reached.
- Linkage to other resources and services. The parent educator should ascertain

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[1] Another, comprehensive report suggests that using professional staff is preferred (Lazar et al., 2001, as cited in Segal, 2002).

whether the family is in need of additional services, identify resources in the community that can provide those services, and help the family access those services.

Most of the existing evaluation research on PAT has been quasi-experimental in design and has been conducted primarily with working- and middle-class families; these quasi-experimental studies have reported generally positive outcomes for children (Wagner & Clayton, 1999). In addition, two randomized demonstration trials (experimental-control group designs) of PAT have been conducted, one in Northern California with a primarily Latino population and one in Southern California with a teen parent population. These two rigorous evaluations revealed small and inconsistent positive effects on parent knowledge, attitudes, and behavior, and similarly inconsistent and small effects on child developmental outcomes (Wagner & Clayton, 1999). However, there was no correspondence between parent and child outcomes, bringing into question the very premise of the PAT model—that child outcomes change as a result in improvements in parent knowledge, attitudes and behaviors. Sub-group analyses of these two demonstration trials indicated that children in primarily Spanish-speaking Latino families benefited more than either non-Latino or English-speaking Latino families, and children in families that received more intensive services benefited more than children whose families received less intensive services. Results suggest that it takes ten home visits to produce one month's worth of developmental advantage in children (Wagner & Clayton, 1999). The studies also revealed that teen families that received both PAT services and comprehensive case management services benefited more than teen families that received PAT alone, case management alone, or no treatment.

In sum, the rigorous evaluation results for PAT suggest that only modest effects on parent or child outcomes are likely from the implementation of this model. For hard-to-serve populations, PAT may need to be administered intensively and in combination with other, more comprehensive services. Previous evaluations also suggest that certain populations may show stronger positive effects from PAT.

Parent Child Home

The Parent Child Home (PCH) program was developed by the Verbal Interaction Project in 1965 to increase children's language and cognitive skills by increasing parents' verbal interactions with their toddlers (two- to three-year-olds). The model is intended for use with low-income, low-literacy parents. The quality elements of this model include:

- Regularly scheduled home visits by a credentialed paraprofessional parent educator. The full dosage of this model is 46 half-hour home visits occurring twice a week over seven months for each of two years.
- Toys and books are left with the family. The toys and literacy materials are meant to encourage verbal interaction between parents and toddlers. Parent educators demonstrate the use of these materials during home visits and then leave them as gifts to the family.

National evaluations of PCH indicate that at-risk children benefit from this program only when their mothers are highly engaged in the home visits. Specifically, children of high-participating mothers showed both short- and long-term gains in language and cognition, and the mothers showed significant improvements in the quality of their verbal interactions with their children; children of low-participating mothers showed no significant gains (Royce, Darlington, & Murray, 1983; Scarr & McCartney, 1988; Levenstein & O'Hara, 1983, 1993; Levenstein, Levenstein, Shiminski, & Stolzberg, 1998, as cited in Brown & Swick, 2002). Brown and Swick (2002) note that "when the program design is distorted, staff lack training, or parent participation is very low, results are not as promising. Thus, variables related to positive impact of the program appear highly interrelated with the integrity of program implementation: staff capabilities, staff loads, curriculum implementation fidelity, and adequate parent involvement in the program treatment" (Brown & Swick, 2002, p. 19).

In sum, the evaluation data for PCH suggest that program delivery and parent engagement are essential to the success of this model. It would therefore be important to know how many of the semi-weekly home visits were completed for each family. In addition, as with other home visiting models, additional issues of program implementation (specifically, issues of staff training and curriculum implementation) are central.

Family Literacy

Low levels of parent education and literacy are serious risk factors for the development of early literacy skills in children. Family literacy programs are designed to address the literacy needs of both parents and children. Family literacy programs combine early childhood interventions with parent education and literacy and job training for parents in an integrated, individualized program (Whitehurst & Lonigan, 1998). The most widely used model of family literacy in the United States is the Even Start Family Literacy Program.

Even Start

The Even Start Family Literacy Program was authorized in 1989 as a large-scale, government-sponsored family literacy program. It is based on the Kenan Family Literacy Program, which itself is based on the theory that a combination of services delivered effectively to both parents and children early in the life of families will result in positive outcomes for both children and parents (Brizius & Foster, 1993, as cited in Brown & Swick, 2002). Although Even Start is a nationwide program, the model is highly variable in terms of scope, intensity, and quality of services because Even Start programs, due to low levels of funding, usually combine services of existing local service providers (St. Pierre et al., 1995). In particular, the background and qualifications of staff are highly variable. However, federal early childhood initiatives are establishing benchmarks that all staff be professionally trained and certified by 2004 or 2005 in order for programs to receive federal funding (Brown & Swick, 2002). The ability of family literacy programs to achieve positive outcomes for children and parents will depend to a great extent on the quality of the already-existing programs that have been joined together to create the family literacy intervention.

The elements of Even Start and other family literacy programs include:

- Parent education. The focus here is on promoting parents' understanding of child development and family functioning, and empowering parents to improve their parenting skills.
- High quality early childhood education. The desired quality program has certified early childhood staff, uses a high quality curriculum such as High/Scope, has adequate adult to child ratios, and generally seeks to meet the quality indicators set by the National Association for the Education of Young Children (NAEYC; Brown & Swick, 2002). While some family literacy programs do rely on such high quality early care and education, others involve care of lower quality or merely offer babysitting while parents engage in education and job skills training.
- Adult education/literacy and job skills training. Parents are aided in completing a high school diploma or GED, engaging in ESL education, post-high school training, and/or other job skills training.
- Parent and Child Time (PACT). The model specifies that parents and children be guided through joint activities with an educational focus. The goal is for parents and children to establish new or enriched shared-learning habits and skills, and the

ability to transfer these skills to the home environment (Brown & Swick, 2002).

- Family support services. Other social services are provided to families either directly or by referral to other agencies through a well planned and organized referral system (Brown & Swick, 2002).

Several national evaluations of Even Start have been conducted (St. Pierre et al., 1993; 1995; 1998). Randomized, experimental-control group studies found that significant gains in children's scores on the PreSchool Inventory (PSI) and Peabody Picture Vocabulary Test (PPVT) were only achieved by children whose parents were highly engaged in the program. Nevertheless, children in the control group generally caught up by the end of first grade. If parents are not highly engaged, Even Start children do not differ from control group children enrolled in other early childhood programs (St. Pierre et al., 1995). Highly engaged parents are more likely to attain a GED. Effects on adult literacy skills depend largely on the intensity of the program and the number of hours of participation (St. Pierre et al., 1995).

A significant finding is that home-based services in Even Start increased parent participation in other program components. The evaluators note that "providing home-based services is a good way to increase retention" (St. Pierre et al., 1995, p. 253). The use of home-based services might be particularly important for building trust with parents from isolated areas or minority backgrounds who might not seek out group programs for themselves or their children (Shartrand, 1996, as cited in Segal, 2002). However, a non-experimental evaluation of Even Start found that the number of home visits is highly variable, ranging from zero to 150 per year in a sample of 605 programs (Tao, Gamse, & Tarr, 1998).

Collectively, these findings from family literacy evaluations suggest that combining home-based services with other comprehensive child and adult services is a promising model for achieving improved school readiness outcomes, but that program intensity and family participation need to be ensured. Furthermore, a comprehensive review of the research on preventing reading difficulties in children sponsored by the National Academy of Sciences suggests that family literacy programs need four elements in order to be effective: high family participation, meaningful and useful curriculum, stable and capable staff, and adequate funding (National Research Council, 1998).

Reading/Book Distribution Programs

Shared parent-preschooler book reading is related to young children's language development, emergent literacy skills, and later reading achievement (Bus, Van Ijzendoorn, & Pelligrini, 1995). Best practice suggests that it is not merely the *amount* of parent-child reading that occurs but the *quality* of the reading that is important. Children learn to read more easily if parents ask questions to help their children predict events in the story and relate stories to their own life experiences (Halsall & Green, 1995). This type of shared book reading is called "dialogic reading" (Whitehurst et al., 1994).

There is limited information on best practices for helping non-native English speakers to develop language and literacy skills in English. There is some evidence that non-native speaking children learn English more rapidly if they learn their native language first (Tinajero, 2000). However, more research is needed in this area.

Many families living in poverty or in low-income neighborhoods have limited access to books. Buying books is too expensive, and borrowing books is difficult due to poor access to libraries or inability to pay for lost or damaged library books (White Otto, 1993; Washington, 2000). Because of the importance of parent-preschooler reading to language and literacy skill development, several interventions have focused on providing books to needy families and encouraging parent-child reading. Parent Child

Home (described above) is one example of such an intervention that is home-based. Other examples are book distribution programs such as Reach Out and Read.

Reach Out and Read

Very limited evaluation information is available on reading/book distribution programs. Probably the best known and most evaluated program is Reach Out and Read (ROR), a book distribution program administered through pediatricians' offices. At every well-child check-up, pediatricians give patients between the ages of six months and five years a book to take home. The pediatricians "prescribe" parents to read aloud to their children. Another component of this model is having volunteer readers in the clinic waiting rooms read aloud to children, thereby modeling the behavior for parents and also exposing children to shared book reading. Although ROR has been evaluated many times, only one randomized experimental-control group study has been conducted. The results were generally positive. Intervention families reported shared book reading on average 4.3 days a week, compared to 2.8 days a week for control group families. Also, older toddlers (18-25 months) who participated in ROR were reported to have larger vocabularies than control group toddlers; however, there was no difference in vocabulary for younger toddlers (13-17 months; High, LaGasse, Becker, Ahlgren, & Gardner, 2000). It should be noted that the study relied on parental report for all outcome data; there were no direct assessments of children's vocabulary or family literacy activities. Furthermore, the duration of the study was relatively brief, and no information on the impact on emergent literacy skills beyond (parent-reported) vocabulary growth is available.

In sum, although there have been positive results from Reach Out and Read, the results are limited in scope and need to be verified using objective outcome measures. Best practice suggests that book distribution interventions would be wise to focus especially on the *quality* of the shared book reading, not just the *amount* of book reading.

Summary of Lessons Learned from Best Practices

A final study helps to sum up what we know about best practices in parenting/family strengthening programs. The U.S. Department of Health and Human Services funded a meta-analysis (i.e., a statistical summary) of all "family support programs" that had been evaluated by the end of the year 2000 (Layzer et al., 2001, as cited in Segal, 2002). The results of this meta-analysis indicated that family support services generally had small, positive effects for children and parents. Almost two-thirds of the programs had very small or no effects on parents' understanding of child development or parenting attitudes or behaviors, and more than half had small or no effects on family functioning. Given that there is currently much debate about statistical effect sizes and which ones are big enough to "matter," it should be noted that even modest program effects have the potential to be important to child outcomes.

Furthermore, the meta-analysis found that no single program model was generally successful; rather, different populations required different interventions (Lazar et al., 2001, as cited in Segal, 2002). The researchers suggested that in order to build stronger programs, family support programs should use professional staff; deliver services to parents through group meetings, if possible; target specific services to some particularly vulnerable populations, such as teen parents or families with children with special needs or behavior problems; and provide services directly to children if the goal is improving their cognitive development. This final point is bolstered by evaluation research of programs such as Head Start, Early Head Start, and the Chicago Parent-Child Development Center, which suggest that the strongest gains for both children and parents come from program models that combine parental involvement with direct, quality care for young children (see Barnett, 1995; Brown & Swick, 2002; and also Segal, 2002).

In conclusion, information from best practices in parenting/family strengthening can be summarized as follows:

- Only modest effects on child and family outcomes should be expected from home visiting models used alone. Furthermore, effects are only found for families that are highly engaged in home visiting programs.
- Although Parents as Teachers is meant to be used with all families, more at-risk families may need intensive services (that is, higher dosages of home visits and prompt rescheduling of "no show" appointments).
- For best results, home visiting should be employed in combination with other, comprehensive services, especially services that directly affect children (such as high quality early childhood care and education).
- Family literacy programs, which do combine direct services to children and adults, also do not produce significant effects for child outcomes unless families are highly engaged in the program, the curriculum is meaningful and useful, the staff is stable and capable, and the funding is adequate. Providing individualized home-based services may help increase family participation in group-oriented family literacy services.
- Ensuring family engagement includes effective recruitment as well as adequate and sustained dosage of services.
- Family literacy programs that are created by combining existing programs and services will only be effective if the quality and coordination of those existing services is high.
- Reading/book distribution programs should include a focus on the quality as well as quantity of shared book reading.
- Particularly vulnerable populations need specialized programming targeted directly to their needs. Families with multiple risk factors need intensive and comprehensive services.
- Parenting/family strengthening programs need to provide direct services to children if substantial changes in children's cognitive development are sought; intervening with parents alone is likely to produce only modest effects at best on child outcomes.
- Parenting/family strengthening programs that employ a particular program model should adhere to that model if they hope to produce the intended results. That is, implementation must be true to the model.
- Staff characteristics and qualifications are of major concern. Staff influences both family engagement and the degree to which a curriculum is implemented as intended. Best practice suggests using professional staff, if possible.
- We do not know very much about the role of home visiting programs in rural areas where isolation may be a serious problem. In these circumstances, identifying and helping families get services for serious problems in family functioning, such as risk of child maltreatment or domestic violence, may be particularly important.

Program Information about Planning and Actual Practices in First Steps' Parenting/Family Strengthening Programs during Fiscal Year 2001-02

According to the Program Effectiveness Reports (PERs)[2] completed for each of the programs implemented by County Partnerships, 44 of the 46 County Partnerships implemented one or more parenting/family strengthening programs (range: one to eight programs per county). The remaining two County Partnerships had planned to implement a parenting/family strengthening strategy, but the programs did not run during fiscal year 2001-02. What follows is a detailed account of implementation of the most prevalent program models.

Parents as Teachers (PAT)

The PERs indicate that 33 County Partnerships chose to implement 58 PAT programs, either alone or in combination with another program type. Thirty-four of the 58 programs were stand-alone PAT programs; when PAT was used in combination with another program, it was usually paired with either PCH or Family Literacy. Three-fourths (76 percent) of the PAT programs were extensions of existing programs (e.g., further funding to see more clients, or to see the same clients more often), while 22 percent were new PAT programs.[3] About one-third (31 percent) of the PAT programs were seeing clients for less than six months during fiscal year 2001-02; another quarter (26 percent) were in operation for less than nine months.

Virtually all of the PAT programs were run through the South Carolina school districts. Program administrators were housed in the school districts, and their facilities were usually provided as in-kind support to the First Steps-funded programs. At the most, First Steps funds were used to support two program administrators within a given PAT program.[4] School districts also often provided space for group meetings and other resource materials.

First Steps funds were primarily used to hire and train new or additional full-time or part-time parent educators. The number of parent educators hired with First Steps funds ranged from zero to 16 across the PAT programs.[5] The educational background of parent educators varied widely, ranging from less than a high school diploma to Masters' degrees in a variety of disciplines (e.g., nursing, English, social work). The number of years of experience with home visiting also varied widely, but many parent educators had less than one year of experience. All parent educators were supposed to attend national PAT training and obtain certification before seeing clients. Almost all programs reported that 100 percent of their parent educators received the necessary PAT training prior to seeing clients, but a few programs were unable to secure staff training in a timely fashion. Because PAT programs are run through school districts during the school year, training usually occurs in the summer, prior to the start of the school year. Those programs that received their funding late in the school year often had difficulties obtaining training for newly hired staff. Also,

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[2] Who completed the PERs varied by county; they were either completed by the Executive Director, the vendor with whom the County Partnership contracted to administer the program, or by the county's Planning, Implementation, and Evaluation Consultant (from the Institute for Families in Society at the University of South Carolina). Each PER was supposed to be verified by the county's Executive Director, and they represent Child Trends' best source of information on the activities undertaken by the County Partnerships.

[3] Analyses were conducted on the 58 PAT programs that represent both stand-alone and combined programs. Information on type of implementation (new vs. extended) was missing from one PER.

[4] This information is based on 52 of the 58 PAT PERs.

[5] This information is based on 54 of the 58 PAT PERs.

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programs run in more remote locations expressed difficulties getting their staff to the centralized training sites. One site mentioned that they were unable to schedule training for new staff until 2003. Parent educators' caseloads varied widely across programs, from a 1:4 ratio in one program to a 1:40 ratio of staff to families in another. Typically, though, caseloads were more likely to range from a ratio of 1:10 to 1:20.

The majority of the programs (69 percent) served an at-risk population, while a quarter of the programs (26 percent) reported serving all families.[6] Of the PERs that reported client characteristics, First Steps PAT programs tended to serve single parents and parents with low incomes and/or low educational levels. According to data assembled for the 2003 Annual Report to the General Assembly, 3,900 families were served by PAT programs.[7]

The number of home visits planned per month and the number of group meetings varied quite a bit across PAT programs (e.g., twice a week to once a month for home visits, and twice a month to four times a year for group meetings), indicating wide variability in the intensity of program services. In fact, the number of contact hours (i.e., total hours families had contact with the program across all components of the model) ranged from one to 16 hours per month across the PAT programs; however, it was most common for programs to offer two contact hours per month.[8] Several PERs reported that the group meetings were not well-attended, or that the number of group meetings actually carried out was fewer than originally planned. The number of contact hours individual families actually received was unreported in the PERs. In the future, it would be important to know whether level of intensity of services varied within program by family need, as the program model recommends.

In addition to home visits and group meetings, the quality elements of PAT include developmental monitoring of the child and linkage to other services. Most PAT programs reported using the *Ages and Stages Questionnaire* to monitor the child's development. This is a parent-report questionnaire that asks about cognitive, language, and social-emotional milestones. Some programs used other screening instruments such as the DIAL3 or Denver Developmental, while other programs intended to use a screening instrument but did not, because their parent educators had not yet received the appropriate training. It should be noted that many programs intended to use these screening instruments to measure changes in children's development over time; in other words, they intended to use the instruments as outcome measures for children's development. However, it is not appropriate to use screening tools as outcome measures. The PAT model also recommends yearly hearing and vision screenings for children; a professional should conduct such screenings. Collaborations with other agencies such as DHEC, DSS, and doctors' offices permitted screenings to take place. Although many PAT programs planned to conduct hearing and vision screenings, only some programs reported that these screenings were actually carried out. Virtually all PAT programs reported successfully linking families to other services via referrals; only a few programs specifically mentioned that the parent educator went beyond providing a referral to making sure families actually received these additional services.

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[6] Information on target population is missing from three PAT PERs.

[7] Information on the number of families served in parenting/family strengthening programs is derived from data assembled for the First Steps 2003 Annual Report to the General Assembly rather than PERs because PER data on number of clients served was sometimes reported before the end of the year, or was incomplete or unclear. The advantage of using the numbers from the Annual Report to the General Assembly is that information was cross-checked three ways (once with TAs, and twice with county EDs) to insure that the numbers represented *actual* rather than *planned* enrollment. The disadvantage of using these data is that numbers of clients served is not reported for every type of program run in each county. Information on number of families served by PAT was based on 47 programs (that is, not all 58 PAT programs are accounted for in the Annual Report). It should also be noted that number of families served by PAT includes those families enrolled in combined programs (e.g., PAT & PCH, PAT & Family Literacy). Therefore, there are still duplicate numbers in numbers served looking across program type.

[8] Information on contact hours per month is based on 35 of the 58 PAT PERs.

Parent Child Home Program (PCH)

Fourteen County Partnerships implemented 22 Parent Child Home (PCH) programs, either as a stand-alone program or in combination with PAT or Family Literacy. The majority of the programs (77 percent) were extensions of an existing program; 23 percent were new PCH programs.[9] About half (55 percent) of the programs were seeing clients for less than six months during fiscal year 2001-02; another quarter (27 percent) were seeing clients for less than nine months out of the year.

As with the PAT programs, PCH was often run by the South Carolina school districts, and schools provided administrative and material support to the programs. First Steps funds were used primarily to hire and train new full-time or part-time parent educators, and to purchase books and toys that would be left with the families. The number of parent educators supported by First Step funds ranged from one to six across PCH programs.[10] The educational background of these individuals varied widely (ranging from high school diploma to Master's degree). Almost all of the PCH programs (95 percent) reported that 100 percent of their parent educators were trained and certified in the PCH model prior to seeing clients.

PCH is a model designed for low-income mothers of toddlers. The actual characteristics of the participating families were not always reported in the PERs, but 20 of the 22 PCH programs funded by First Steps reported that they served an at-risk population of some kind. When PCH was paired with PAT, the PERs usually specified that children within the appropriate age range (two to three years) were served by PCH while PAT served families with children of other ages. Together, these data suggest that PCH as implemented in South Carolina served the intended target population. According to data collected for the First Steps 2003 Annual Report to the General Assembly, PCH programs served 845 families.[11]

The desired intensity of PCH is 46 semi-weekly, half-hour home visits across seven months in each of two years. Virtually all of the First Steps PCH programs reported this level of intensity of service as their goal (i.e., they planned to serve families for two years with bi-weekly home visits), although there were a few programs (mostly those paired with PAT) that provided one-hour home visits once a week or once a month, rather than two half-hour visits per week. The number of contact hours reported by PCH programs ranged from one to five hours per month, with the modal response being four contact hours per month.[12] The number of contact hours individual families actually received was unreported in the PERs.

Family Literacy

Nine County Partnerships implemented 11 Family Literacy programs at multiple sites. Half (55 percent) were extensions of existing Family Literacy programs and 36 percent were newly established programs.[13] Twenty-seven percent of the programs were operating for less than six months in fiscal year

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[9] Information on type of implementation (new vs. extended) was available for all 22 PCH programs.

[10] Information is based on 20 of the 22 PCH PERs that represent both stand-alone and combined programs.

[11] The reason why information on the number of families served in parenting/family strengthening programs is derived from data collected for the First Steps 2003 Annual Report to the General Assembly rather than PERs is explained in footnote #7. Information on number of families served by PCH was based on 17 programs (that is, not all 22 PCH programs are represented in the Annual Report). It should also be noted that number of families served by PCH includes those families enrolled in combined programs (e.g., PAT & PCH, PCH & Family Literacy). Therefore, there are still duplicate numbers in numbers served looking across program type.

[12] Information on contact hours per month is based on 19 of the 22 PCH PERs.

[13] Information on type of implementation (new vs. extended) was available for ten of the 11 Family Literacy programs.

2001-02; an additional 36 percent operated for less than nine months.

First Steps funds were used to hire and train staff, as well as purchase necessary materials such as computers and software, or teaching curriculum. In at least one program, 18 new staff people were hired; however, it was most common for about three new staff to be hired for any one program using First Steps funds.[14] One hundred percent of the newly hired staff were trained before seeing clients, but the nature of that training was not usually specified in the PERs.

Virtually all of the Family Literacy programs (10 out of 11) reported that their clientele were at-risk families; one program was available to all families; one program worked exclusively with teen parents. All programs sought to provide services to families challenged by low literacy, limited economic support, and low educational attainment. Information collected for the 2003 Annual Report to the General Assembly on number of families served by Family Literacy programs were only available for five of the 11 programs; these estimates show that at least 846 families were served by Family Literacy programs.[15]

The parent education component of Family Literacy models varied across program and across counties. Several family literacy programs funded by First Steps used PAT or PCH curriculum for the parent education part of their program; others used Motheread/Fatheread or some other lesser-known but still nationally used curriculum, while others did not use a standardized curriculum at all. The adult education component of Family Literacy programs included GED classes, ESL instruction, and computer skills classes, among others. The specifics of the adult education component varied across sites, based on perceived community need. South Carolina School Districts often administered the GED programs, as well as some of the Family Literacy programs, such as Even Start. Schools also provided the space for group meetings (including PACT time), although group meetings also occurred at parenting centers. In general, locations for group meetings tended to rotate from month to month, in order to maximize the ease with which different parents might be able to reach the meetings given limited transportation options.

The early childhood education component of Family Literacy was typically child care provided while parents were participating in adult education classes or group meetings. Information on the background, qualifications, and training of the child care workers was often not provided in the PERs, and so the quality of the care could not be determined. Extent of care provided was likely highly variable, as hours of adult participation appeared to vary substantially, and child care was generally offered on a drop-in basis and was provided when parents were otherwise engaged in adult education activities or group meetings. Contact hours ranged from one hour per month to 48 hours per month, although it was most typical to provide two hours of intervention per month.[16] The number of contact hours individual families actually received was not reported in the PERs.

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[14] Information on number of staff hired is based on ten of the 11 Family Literacy PERs.

[15] The reason why information on the number of families served in parenting/family strengthening programs is derived from data collected for the First Steps 2003 Annual Report to the General Assembly rather than PERs is explained in footnote #7. Information on number of families served by Family Literacy programs was based on five of the 11 programs, based on available Annual Report numbers. It should also be noted that our definition of Family Literacy was more inclusive than that adopted by the Office of First Steps for their Annual Report to the General Assembly. As a result, our estimate of the number of families served by Family Literacy programs is higher than that reported by OFS.

[16] Information on contact hours per month is based on ten of the 11 Family Literacy PERs.

English as a Second Language

Two County Partnerships provided five English as a Second Language (ESL) programs. Four of these ESL classes were offered as stand-alone programs within a single county; the remaining program was offered as part of a Family Literacy program. First Steps funding was used to hire ESL instructors; programs varied in how many instructors were hired (range: 1-15).[17] One hundred percent of the newly hired instructors were trained before interacting with clients. Clients were reported to receive between six and 26 hours per month, with an average of 14 hours of instruction per month.[18] The number of contact hours individual families actually received was not reported in the PERs. Clients were adults with limited English fluency. One of the stand-alone ESL programs was designed to work with Hispanic parents, but was unable to hire bilingual instructors; as a result, only one parent participated in the program. (It should be noted that other parenting/family strengthening programs that sought to serve Hispanic families also experienced difficulties recruiting qualified bilingual staff.) According to data assembled for the 2003 Annual Report to the General Assembly, ESL programs served 73 families.[19]

Reading/Book Distribution Programs

Four County Partnerships chose to implement reading/book distribution programs.[20] In one county, First Step funds were used to coordinate the efforts of four existing book distribution organizations in the county so that the organizations could help each other with fund raising and avoid duplicating books for distribution; First Step funds also were used to purchase books for one of the four programs. Another program established a home lending library within child care and 4K classrooms in the county; First Steps funds were used to purchase books and computers. Two County Partnerships put First Steps funding towards Reach Out and Read (ROR) programs in their counties. According to the 2003 Annual Report to the General Assembly, the two ROR programs distributed a total of 976 books.[21]

Common Implementation Issues across Parenting/Family Strengthening Programs

- **Lag time in start up.** Often there were several months' lag time between when funds were awarded and when the first client was seen. This lag time was nearly always due to the need to hire and train staff. Some programs also mentioned a delay in receiving signed contracts from their county First Steps offices, or delays on the part of the school district, as reasons for a later start in seeing clients. Between delays in receiving grant approval and signed contracts, and the need to hire and train staff, most programs were seeing clients for less than six months during fiscal year 2001-02. One of the results of these delays was that families did not receive the full dosage of services in this fiscal year. This may be a problem specific to the program start-up period.

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[17] Information on number of staff hired is based on the four stand-alone ESL programs.

[18] Information on contact hours per month is based on the four stand-alone ESL programs.

[19] The reason why information on the number of families served in parenting/family strengthening programs is derived from the First Steps 2003 Annual Report to the General Assembly rather than PERs is explained in footnote #7. Information on number of families served by ESL programs is based on all five ESL programs. Since one of these programs was within a Family Literacy program, there are still duplicate numbers reported for families served across program type.

[20] It should be noted, however, that many other programs across the counties had a literacy focus, including Parent Child Home and several of the Family Literacy programs (e.g., those that employed Motheread/Fatheread).

[21] The reason why information on the number of families served in parenting/family strengthening programs is derived from data collected from the First Steps 2003 Annual Report to the General Assembly rather than PERs is explained in footnote #7. Information about number of books distributed is only available in the Annual Report for the Reach Out and Read programs and not the other book distribution programs.

- **Recruitment and screening of clients.** According to the PERs, the populations identified as most in need of specialized services were first-time parents, single parents, teen parents, parents with low literacy or low educational attainment, families in poverty, and the Hispanic community. Families were recruited for participation in parenting/family strengthening programs through referrals from agencies (especially DHEC and DSS), referrals from other programs (such as Even Start or child care), hospitals and doctors' offices (including OB/GYN, pediatricians, and family practitioners), the faith community, public speaking engagements, public service announcements, flyers and newspaper ads, door-to-door solicitation, and word of mouth. In particular, assistance from DHEC, DSS, and the faith community were important to many programs. Churches provide an immediate link to the community and lend credibility to new programs. Also, word of mouth was a very popular form of advertising and recruitment. In general, those programs that employed a range of recruitment strategies were more successful than those that used just one. Also, those programs that had a specialized service population did well by targeting their recruitment efforts to that population. Recruitment efforts failed when there was a clear mismatch between target population and recruitment strategy. For example, one program attempted to engage illiterate parents by having young children bring flyers home from school advertising their program. Although many programs aimed to reach a particular type of client (i.e., with one or more risk factors), most programs did not employ a screening tool to keep slots available for their target population. Typically, programs were open to any family that wanted the service.
- **Rolling admissions**. Virtually all of the parenting/family strengthening programs admitted families on a first come, first serve basis. When a family left the program (either "graduated" or dropped out), a new family was added, either from a waitlist or from new recruitment efforts.
- **Modification of national program models.** The majority of First Steps parenting/family strengthening programs that used a national model modified it in some way. Commonly, the reason given for modifications was to accommodate unique characteristics of the location and service population. Modifications of the model came in many forms, from omitting components of the model, such as group meetings, or reducing the dosage of services, to augmenting the model to include additional elements such as a toy lending library. Typically, PAT and Family Literacy programs deviated from the national model by omitting a component, while PCH programs deviated from the national model either by reducing the intensity of home visits or including additional service components beyond those specified in the model. While not technically a modification (because the number of home visits and group meetings are "recommended" but not prescribed by National PAT), there was wide variability in the intensity of services provided to families in PAT programs across the state. One-third (31 percent) of the programs said that their program was overseen by an external validator. When outside monitoring/supervision was provided, it was usually provided by the Executive Director of the County Partnership Board, or via a report to the national office of the

parenting model (e.g., National PAT or PCH).

- **Record keeping at the level of the individual family.** Statistics reporting services received at the level of the individual family, necessary to gauge program dosage for families, were generally not collected. Currently, most programs report the sum total of services provided per month across all families (e.g., total number of home visits completed, total number of books distributed). Furthermore, most programs reported incomplete or no information regarding movement on and off waiting lists, and the number of clients who left or re-entered the program. It will be important in the future for programs to collect information on the frequency of services individual families received, the number of "no show" appointments, and the number of successfully rescheduled appointments. Many programs lacked the necessary resources and support for data collection and reporting.
- **Collaboration with other programs/agencies.** Collaboration among programs and agencies is mandated as part of First Steps' legislation (see separate chapter on Collaboration for a detailed analysis of this aspect of First Steps). For the most part, collaborations within the parenting/family strengthening programs occurred at the level of referrals from or to other programs. For example, DHEC provided referrals of families to home visiting programs, and families in home visiting programs were referred to DHEC for other services. The school districts, being the main vendors for many of the parenting programs, were often mentioned as key collaborators with First Steps programs. Schools provided physical space for group meetings, administrative personnel for home visiting programs, GED classes for Family Literacy classes, and other resources as part of in-kind support to parenting programs. In addition to providing many of the referrals to parenting programs, DHEC and DSS also provided other complementary services, such as in-service training for parent educators on identifying child abuse and neglect, and providing developmental screenings of children.
- **Referral services to other agencies.** Many programs had as a component to their strategy assisting parents in accessing additional social services for themselves and their children. Many parent educators were responsible for compiling their own resource and referral guide for themselves and/or their clients. Some parent educators may remain unaware of an important resource in the community. Only a few programs noted that parent educators received in-service training to familiarize them with the family support services available in their community. Creating a comprehensive directory of services for the community would help with referrals. It could also facilitate better communication and collaboration among agencies.
- **Common challenges.** Repeatedly across Program Effectiveness Reports, several difficulties were mentioned:
  - ☐ Limited resources (in terms of time, funding, staff). This was especially true for rural locations.
  - ☐ Inadequate transportation. Lack of transportation discouraged or precluded families' full participation in services. Again, transportation problems were greatest in the rural counties.
  - ☐ Demands of data collection and reporting. Few programs had the needed background or resources to collect and report data; program staff, including administrative staff, was mostly focused on delivering services. Now that programs are familiar with data reporting

expectations from the State Office of First Steps, they will be better prepared to comply with data requests in the future.

Lessons Learned and Recommendations

- Based on national reviews of the literature on parenting support programs, it appears that to maximize the effects of these programs for families and children in South Carolina, it will be important to address a series of implementation and quality issues, especially the following:
  - ☐ **Improving recruitment efforts**. Some programs had very effective recruitment efforts, which usually combined multiple approaches (e.g., word of mouth, distribution of written materials, public speaking engagements or service announcements, referrals from agencies). However, other programs had limited recruitment efforts, or did not adequately target their recruitment to the specialized population they wished to reach. A recommendation is to employ multiple recruitment strategies whenever possible. Additionally, if programs were intended for a specialized population, recruitment efforts should be tailored to that population.
  - ☐ **Matching the program model to the population served**. Best practice suggests that hard-to-serve and vulnerable populations need services directly tailored to their needs in order to be effective. According to the PERs, the populations within South Carolina that are most in need of specialized services are first-time parents, single parents, teen parents, parents with low literacy and/or low educational attainment, and the growing Hispanic community. Almost all of the parenting/family strengthening programs funded by County Partnerships included these groups among the many they attempted to engage in their programs, yet most of the programs were open to all families who wished to participate on a first come, first served basis. A recommendation would be to provide certain universal services that are beneficial to all families, but at the same time increase the number of programs that are specifically tailored to meet the needs of first-time parents, single parents, teen parents, and Hispanic parents. In addition, it should be acknowledged that many of these risk factors co-occur in families (e.g., first-time, single teen parents), and that poverty and low education typically co-occur with other risk factors. If programs are designed for families with multiple risk factors, best practice recommends that the services be intensive and comprehensive, and provided over a longer period of time by well-qualified staff.
  - ☐ **Monitoring dosage**. Research indicates that a program's effectiveness is largely dependent upon family engagement; knowing the amount of services a family receives (i.e., the "dosage") is one way of monitoring engagement. Almost all parenting/family strengthening programs funded by First Steps had a rolling admissions process, whereby if a family left due to their child aging out of the program or if a family dropped out due to noncompliance or lack of interest, a new family would be added. Due to this admission process, it is even more important for programs to track dosage for individual families. Programs should establish and maintain an accurate record of how many services an individual family is receiving, and in

what amount they are receiving them (e.g., how many home visits, how many group meetings, how many service referrals, how many books received, etc.). Programs should also maintain detailed records of when or if families dropped out of and/or re-entered the program. Programs may also have to adapt to the fact that many single, low-income mothers must now work and may not be at home during traditional hours. This could mean either that programs must vary their hours, or that they should focus on the caregiver at home during traditional hours, most likely the grandparent.

☐ **Monitoring intensity**. Research indicates that at-risk families should receive more intensive and comprehensive services. Therefore, knowing the frequency of services (i.e., the intensity) received by families is important. Currently, there is a lack of record keeping with regard to intensity of services delivered to particular families. Although in the PERs the *intended* frequency of services is stated (e.g., home visits in the Parent Child Home model were conducted twice a week, while visits in programs using Parents as Teachers varied from twice a week to once a month), the frequency of services individual families *actually received* was unreported. This is especially problematic because many PAT programs allowed the number of home visits to vary based on family need, yet did not report which families received more home visits. Furthermore, no programs reported information on the number of "no shows," or the number of successfully re-scheduled sessions. Programs should establish and maintain an accurate record of the frequency of services provided individual families (e.g., how many home visits were completed per month, how many "no shows" per month, etc.).

☐ **Engaging qualified staff**. Best practice suggests hiring professional staff, if possible. The majority of parenting/family strengthening programs in South Carolina employed paraprofessionals to deliver services to both parents and children. The educational background and past experience of home visiting staff was highly variable both across and within programs, and the qualifications of child care staff was often unreported for Family Literacy programs. However, programs that employed a national program model were generally successful in securing full training and certification of staff prior to staff interacting with clients. Some programs had difficulties hiring qualified staff and/or training staff prior to the start of the program; these programs were usually in more rural locations that had a limited pool of qualified applicants and/or limited access to training services. Furthermore, programs that attempted to serve Spanish-speaking clients often had difficulty finding qualified bilingual staff. One recommendation is to increase the salaries of parent educators to attract more qualified individuals. Another recommendation is to invest time and resources to recruit and train local bilingual individuals to become qualified paraprofessionals for parenting programs.

☐ **Monitoring fidelity to the model, if a model is used**. As part of its increasing focus on program quality, First Steps should consider what form of program fidelity monitoring should be implemented. At present, only a small proportion of programs reported external monitoring, and the nature of the monitoring was not entirely clear. If Executive Directors are to act as program monitors, they should receive adequate training in the program models and their elements.

- ☐ **Using appropriate outcome measures**. Although none of the parenting/family strengthening programs were far enough along in their implementation to warrant gathering information on child outcomes, several programs identified the measures that they intended to use in the future to monitor cognitive and social development and children's school readiness skills. Virtually all measures noted were problematic in some way. Either they relied solely on parent report (e.g., Ages and Stages Questionnaire), which is a subjective and potentially biased source of information, or they relied on developmental screening instruments (e.g., Denver Developmental, DIAL3), which are appropriate for identifying developmental delays that warrant further follow-up, but are not appropriate for use as outcome measures. A recommendation here is to request expert input into a set of appropriate outcome measures with well-established reliability and validity for use in First Steps programs to measure both parent and child outcomes.
- ☐ **Linking parenting programs to programs directly serving children**. Best practice finds that effects on children's cognitive and social development are best achieved through direct, high-quality services to children, in combination with parent education and involvement. Currently, parenting/family strengthening programs and child care services collaborate mainly at the level of providing referrals to each others' services. Child care offered within Family Literacy programs often was available only when parents were engaged in educational classes or job training, and was of undeterminable quality. A recommendation is to strengthen the linkages between services to provide children with high quality child care and to provide parents with parent education, vocational training, or other support services. Ideally, parental involvement in children's high quality child care settings is recommended.

- ■ There were very few programs specifically focused on delivering services to fathers (both resident and nonresident) or grandparents who are primary caregivers. Improving the services available to fathers and grandparents (as well as other caregivers), where the local community feels this is a need, is recommended.
- ■ Providing families with referrals to additional social services is an integral part of several prominent parenting programs. Currently, many parent educators are required to create their own connections with service agencies and develop their own list of referral resources for families. Creating a comprehensive directory of services for the community for each county should be a priority, since it would minimize "reinventing the wheel" by each individual parent educator, and therefore increase efficiency and productivity. Such a comprehensive resource would also have the potential to facilitate collaborations among agencies within communities. In addition to creating a centralized referral list, there is a need for parent educators to provide follow-up to referrals so that families are actually linked to other services.
- ■ Monitoring client satisfaction is a priority of First Steps. The efforts to monitor parent satisfaction within the parenting/family strengthening programs were not specific enough to determine where

improvements in these programs could be/should be made. A recommendation is to design a parent satisfaction survey that is tailored to the issues relevant to parenting/family strengthening programs.

Innovations to Watch

As mentioned earlier, best practice suggests that gains in children's developmental outcomes are optimized if they receive both high quality child care and good parenting. Innovative parenting/family strengthening models attempt to provide both. Below are some examples of innovative parenting/family strengthening programs in South Carolina.

Greenwood Teen Parent Education

The Greenwood County Partnership Board funded a Parent Educator to join LEGACY, the Greenwood County Teen Pregnancy Prevention Program. The program aims to help first-time teen mothers by increasing their parenting skills and encouraging them to complete their educational goals and postpone further pregnancies. The teenage mothers received bi-monthly home visits (using the PAT *Born to Learn* curriculum), monthly group meetings that involved a DSS worker, referrals to adult education and child development providers, parent education, and "parent and child together" (PACT) time. The Parent Educator received training for the PAT *Born to Learn* curriculum, and also the special teen parent curriculum. There was good collaboration with the school district, which provided various classes and programs as well as the program for life skills classes and workshops for teens and grandparents.

This program was generally successful in achieving its goals: Of the 15 first-time teen mothers who participated, about 29 percent completed high school in 2002; 35 percent are employed; 12 percent are enrolled in job training classes at a technical college; and 60 percent of their children are being served in licensed child care facilities. The staff learned that there is a great demand for a teen parent educator and that the teens welcomed the help they were given. Transportation was an obstacle for some mothers and made it difficult for them to participate in group meetings and some other services.

What makes this program innovative is that it has successfully engaged one of the hard-to-serve populations in South Carolina: teen parents. What's more, it has provided a Family Literacy model that contains all the quality elements that it should. The quality elements of the model include high intensity programming (one group meeting a month, and two home visits a month) with specialized training of staff and specialized curriculum that optimizes the chances of addressing teen parents' particular needs. This program also increases the likelihood that children will engage in quality child care: 60 percent of the children were in licensed child care programs. The program will continue as it is currently configured in fiscal year 2002-03.

Pelion Parenting Center

The Pelion Parenting Center in Lexington County is a parenting/family strengthening model that successfully provided specialized services to hard-to-reach populations while also providing general parenting support and services to the larger community. The town of Pelion is both poor and rural; many of its residents lack transportation to attend programs outside of town, and the town itself has few, if any, health centers and formal child care facilities. A recent increase in teen pregnancies highlighted the growing need for a parenting center. The Pelion Parenting Center is the first and only center of its kind in the community, and is one of very few places providing direct services to families.

The Pelion Parenting Center is located inside the Town Hall building. The location of the center helps to emphasize that the center is meant for the entire community. Two rooms comprise the center, one serving as a playroom, the other as a meeting/library space. Although space is limited, space is well used and the center is well equipped with toys, books, and other resources. Parent-child pairs and Parent Educators use the rooms for various activities, including PACT time. Workshops are held at the center every Tuesday and developmental screenings are conducted every Thursday. Child care is provided at the center during monthly group meetings for families participating in Parents as Teachers. Every third Saturday of the month, the Pelion Parenting Center conducts a craft time for parents and children.

While the center's mission is to provide services primarily for at-risk families (particularly teen and single parents), the center also aims to provide services and resources for the community as a whole. For example, the library resource center, housed within the Pelion Parenting Center, is open to the entire community. Furthermore, there are plans to turn an old train car into a reading and party room for general communal use. There are also plans to open a computer center and to build a playground in the near future for use by both First Steps and non-First Steps families.

What makes this program noteworthy is its success in effectively reaching hard-to-reach populations (i.e., teen parents, and families isolated due to their rural location and lack of transportation). There is a full-time Parent Educator who works exclusively with teen mothers and mothers-to-be, visiting the teens at their school monthly; one part-time Parent Educator who works exclusively with Hispanic families; and one full-time and two part-time Parent Educators who travel to make home visits in the Pelion Area. The Pelion Parenting Center has combined targeted intervention for specific at-risk families with the delivery of general parenting support to all families in the community.

Health

Introduction

The South Carolina First Steps to School Readiness Initiative identified health-related factors as important contributors to school readiness. The First Steps legislation, in Section 59-152-100, highlights six specific health care areas: nutrition; affordable access to quality age-appropriate health care; early and periodic screenings; required immunizations; initiatives to reduce injuries to infants and toddlers; and technical assistance and consultation for parents and child care providers on health and safety issues. It is noteworthy that the legislation does not refer to early childhood mental health or disabling conditions. In addition, it is important to highlight Section 59-152-110 of the legislation that states:

> Grant funds may not supplant current expenditures by counties or state agencies on behalf of young children and their families, and may not be used where other state or federal funding sources are available or could be made available.

This provision of the legislation plays a very significant role when First Steps attempts to address the health-related needs of young children. Many of the young children First Steps may target for its programs may be covered by or eligible for the state's Medicaid Program and State Child Health Insurance Program (SCHIP). Given the legislative requirements and limitations, 31 counties planned to implement 41 health strategies to address factors related to school readiness.

Overview of Key Findings and Conclusions

Based on an analysis of the county-level health strategies that were planned and implemented, several key findings can be identified:

- 24 of the 31 counties were able to implement 33 programs during fiscal year 2001-02. Seven counties were unable to implement their health strategies.
- Each of these 24 County Partnerships attempted to address at least one of the highlighted health care areas in the legislation, although the approaches taken to address health care needs varied widely. The most common approach was to implement health home visitation programs. Other programs included nutrition education, screenings, free prescriptions, free car seats, dental care, and other technical assistance and educational activities for parents and child care providers.
- About two thirds (67 percent) of the health programs targeted children and their families who were uninsured, non-Medicaid eligible.
- Implementing health care strategies has been difficult for counties, specifically because of supplantation concerns and a difficulty in identifying eligible families that First Steps may serve.
- Coordination and cooperation between First Steps and health care providers and agencies is essential for County Partnerships to implement health strategies, especially those health strategies that require screening for Medicaid eligibility.

This section of the report provides a brief overview of health-related factors that contribute to school readiness, as well as a discussion of best practices in the provision of health related services. In addition, this section summarizes the health programs implemented by the First Steps initiative through the County Partnership Boards, and considers how these relate to best practices. Finally, lessons learned and recommendations are discussed.

Health-Related Factors as Contributors to School Readiness

A young child's health is an important contributor to school readiness. According to the National Education Goals Panel (NEGP), children are more likely to do well in school when they are well-rested, well-fed, and mentally and physically healthy.

When considering how health relates to school readiness, several dimensions must be considered (Learner, Leith, & Murday, 2002). These dimensions include prenatal and birth information; overall health status; utilization of medical care; medical conditions; environmental factors including injury, accidents and safety; and food security and nutrition.

For example, The Infant Health and Development Study, a longitudinal study focusing on low birthweight children, found evidence that a child's birthweight (low and extremely low birthweight) predicted lower cognitive abilities at age one, two and three years (Liaw & Brooks-Gunn, 1993). The literature also suggests that chronic health problems such as asthma and otitis media (ear infection) may also affect school readiness and academic performance. For example, asthma may increase school absences, which may in turn compromise children's academic adaptation and progress (SCDHEC, 2002). Furthermore, a body of research, while not entirely consistent, suggests that otitis media may affect language development in young children (Casby, 2001). For example, children with a history of otitis media from an early age (i.e., birth to three years) tend to be at greater risk for delayed reading between the ages of 8 and 10 (Kindig & Richards, 2000). Moreover, children with chronic health conditions have been found to be at greater risk for experiencing depression and low self-esteem (SCDHEC, 2002; Halle, Zaff, Calkins, & Margie, 2000).

Research also suggests that nutritional status, dental health, and environmental factors, such as lead exposure, can affect school readiness. With regard to nutritional status, a literature review by Grantham-McGregor (1995) supports a link between nutritional status (specifically, a child being nutritionally disadvantaged) and cognitive and behavioral deficits. General malnutrition and specific vitamin and mineral deficiencies (e.g., iron deficiencies leading to anemia) experienced prenatally and in early infancy have been found to be associated with impaired brain development, and cognitive and behavioral difficulties that persist across childhood (National Research Council and Institute of Medicine, 2000). The magnitude of these associations, and the implications specifically for school readiness, have not, however, been fully examined.

Dental health is a concern in young children because dental disease (i.e., dental caries, or cavities) is the most common disease among children (SCDHEC, 2002; Learner, Leith, & Murday, 2002). This may be because dental services are not coordinated with other health services for children, which makes it difficult to offer preventive care. Dental caries are a source of pain and may also reflect poor dental hygiene, feeding habits, or poor nutrition. The South Carolina Department of Health and Environmental Control (DHEC) states:

> Children with good oral health miss fewer school days. Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, inability to concentrate in school, and reduced self esteem (SCDHEC, 2002, p. 46).

Another health issue with serious implications for children's development and ability to function in school involves exposure to environmental toxins. For example, lead exposure has been found to profoundly affect the development of a young child. Even small elevations of postnatal lead levels in the blood have been found to be associated with reduced cognitive development in young children (SCDHEC, 2002; National Research Council and Institute of Medicine, 2000).

In general, parents tend to report the health of their children as excellent or good (Learner, Leith, & Murday, 2002). However, when the health status of a young child is compromised, it may have lasting emotional and physical implications that may directly or indirectly affect school readiness and academic performance.

Best Practices to Address Health-Related Dimensions

In order to address the health-related dimensions that can contribute to a child's school readiness, county strategies should be based on best practices. During the First Steps planning phase, experts met to review the literature and identify best practices in supporting children's health. Best practice statements were developed in the following areas:

- Nutrition;
- Early and periodic screenings;
- Required immunizations;
- Technical assistance and consultation for parents;
- Technical assistance and consultation for child care providers;
- Affordable access to quality age-appropriate health care; and
- Injuries to infants and toddlers.

Each best practice statement is briefly quoted below. In South Carolina, a number of federal and state initiatives are already in place to address the health status of children. It is particularly important to understand the potential for overlap in county efforts to provide First Steps health programs, so examples of these federal and state initiatives, as noted by the Learner, Leith, and Murday (2002) review, are summarized as they pertain to each best practice area. The majority of the information presented here is taken from *South Carolina First Steps to School Readiness: Good Health for Young Children*, a First Steps Effective Practices Report prepared by Learner, Leith, and Murday (2002). A more in-depth discussion of each best practice area can be found in the Effective Practices report.

Nutrition

> ...improving the nutritional status of children [begins with improving] the nutritional status of their mothers...[and continues] after birth [through] early identification, treatment, and referral of infants and children with special needs... (Learner, Leith, & Murday, 2002, p. 14)

In South Carolina, the federal WIC (Women, Infants and Children) Program offers nutritional services to pregnant women (during pregnancy and up to six weeks after the birth of an infant or the end of the pregnancy); breastfeeding mothers (up to the infant's first birthday); infants up to their first birthdays; and children up to their fifth birthdays. Programs that can affect young children's nutritional status across the later years include the federal Food Stamps program, and the Child and Adult Care Food Program (CACFP). CACFP provides services to licensed child care facilities that must either operate as a nonprofit or maintain 25 percent Title XX enrollment. Any family child care home operating with proper licensing or approval from state and local authorities is also eligible for CACFP, however, the family child care homes must have a sponsor, such as Child Nutrition Program, Inc., to receive CACFP funds. The Child Nutrition Program is a private nonprofit organization that processes the paperwork and makes payments to the child care homes.

Once children are in school, the federal free and reduced price lunch program helps to address their nutritional status. It is noteworthy that all of these programs have income eligibility requirements that must be met to receive services.

Early and Periodic Screenings

> Compliance with the American Academy of Pediatrics guidelines... [and] implementation of a universal newborn hearing screening... (Learner, Leith, & Murday, 2002, p.15)

The effective practices literature indicates that an important element in improving child health status is early identification of health and developmental problems, and referral to appropriate services. A child assessment is included in DHEC's program of health home visiting for newborns. The best practices literature also suggests the importance of age-appropriate screenings at periodic well-child visits, with appropriate follow-up. In terms of follow-up, DHEC offers a universal program, Baby Net, that provides services to young children (birth to three years of age) who have developmental delays or diagnosed disabilities regardless of family income or nationality. BabyNet collaborates with the School for the Deaf and the Blind, the Department of Disabilities and Special Needs, the Department of Education, the Department of Mental Health, the Department of Health and Environmental Control, the Department of Social Services, the Commission for the Blind and the Department of Health and Human Services.

South Carolina also has a universal program that screens all newborns for hearing loss before they are discharged from the hospital and provides referrals to early intervention services. In addition, DHEC's Childhood Lead Poisoning Prevention Program is working with the Women, Infants and Children (WIC) program to ensure that all one and two years olds in South Carolina are screened for lead exposure. In 2000, 33,598 children under the age of six were screened.

Required Immunizations

> ...better access to public health institutions and developing an effective immunization tracking system...may help to capture high-risk families... (Learner, Leith, & Murday, 2002, p. 15)

Since 1994, the South Carolina Vaccine Assurance for All Children partnership has offered free vaccinations in public clinics and for a nominal fee in private medical facilities for eligible children. These efforts have increased immunization rates from 62 percent to 88 percent (SCDHEC, 2002).

Technical Assistance and Consultation for Parents

> The provision of early and continuous prenatal care has been shown to be one of the most effective practices in improving pregnancy outcomes... Nurse home visiting programs...are a particularly promising practice for impacting the health-related needs of young children and their families. (Learner, Leith, & Murday, 2002, p. 18)

DHEC also offers a health-oriented newborn home visitation program (Postpartum Newborn Home Visits Program). This program offers postpartum newborn home visits to Medicaid eligible newborns and their mothers within 48 to 72 hours after hospital discharge. The home visits consist of a comprehensive physical assessment of the newborn, a partial physical assessment of the mother, an assessment of the home environment, provision to the mother of information regarding safety and care of the newborn, discussion of plans for primary medical care for the newborn and mother, and referrals for additional services as needed. Learner and colleagues, in their review of the evidence on best practices, note that health home visitation programs that have nurses conducting the visits seem to positively affect the health status of young children and their families (Learner, Leith, & Murday, 2002).

Technical Assistance and Consultation for Child Care Providers

> ...Child care providers must commit to engage in ongoing education, training, and consultation...the passage of regulation addressing the child care environment will assure that it is healthy and safer for all children who attend. (Learner, Leith, & Murday, 2002, p. 19)

The Department of Social Services (DSS) administers a two-level child care regulatory system: licensed and registered. Both licensed and registered child care providers must adhere to general health and safety standards. However, licensed child care providers are monitored regularly for compliance with health and safety standards, while registered child care providers are only monitored if a complaint is made. Whether or not a child care provider needs to be licensed varies by type of child care provider. For example, with the exception of faith-based centers (which only need to be registered), all center-based facilities are required to be licensed (Marsh, 2002). The child care program section of this chapter provides a more detailed overview of the DSS child care regulatory system.

Affordable Access to Quality Age-Appropriate Health Care

> ...The establishment of medical homes for all children, where they can seek regular preventive care and medical treatment, is a valuable tool for making services available...all eligible young children must become enrolled in the state's child health insurance program. (Learner, Leith, & Murday, 2002, p. 21)

DHEC has a goal of establishing at least one public-private partnership with doctors in each of the 46 counties to help identify medical homes for Medicaid eligible children. DHEC provides services primarily to children and families that are receiving Medicaid. Additional services may be needed to assure that uninsured, non-Medicaid eligible children are provided with medical homes.

Injuries to Infants and Toddlers

> Health care providers must take a primary role in distributing clinic-based instructions and education on child vehicle restraints...Training should target parents, teachers, and child care workers and should focus on playground safety, proper supervision, poison control and first aid... (Learner, Leith, & Murday, 2002, p. 23)

The South Carolina State Occupant Protection Law requires that infants and children up to 80 pounds use age-specified child vehicle restraints.

In addition to the specific best practice statements mentioned above, both the Effective Practices review and DHEC's 2002 annual report note that community-wide collaborations may be needed in order to address the number and range of health issues for young children and their families. Best practices information also suggests that highly skilled, well-trained, and experienced health providers should deliver health services. For example, registered nurses who closely adhere to the program models and receive supervision should administer health home visitation programs (Learner, Leith, & Murday, 2002).

Summary of Best Practices

In considering First Steps health programs, it is important first to note that South Carolina has made progress in a number of ways in implementing best practices to address the health status of young children in its state, both through national programs and through programs that DHEC has implemented to address the health needs of young children. However, most of the services available are targeted for specific groups, such as Medicaid eligible families. In addition, Medicaid guidelines limit the types of health care services that are covered. For example, Medicaid does not currently cover preventive dental care, such as the application of dental sealants. Another gap is the provision of health care services for uninsured non-Medicaid eligible children. Therefore, gaps still exist regarding health-related issues for young children and their families. Certain fundamental health-related issues in the state may be difficult or beyond the scope of First Steps programs to address, such as the lack in certain geographical areas of medical practices that accept Medicaid patients for treatment.

First Steps Health Programs

First Steps provides an opportunity to create and expand state health strategies to improve the health status of children. As mentioned earlier, Section 59-152-110 of the First Steps legislation, regarding the use of funds for health-related programs, affects the types of health programs First Steps is able to implement, and these guidelines should be kept in mind when considering the programs that have been planned and actually implemented by County Partnerships.

County Health Programs Implemented

In an effort to address the health needs in their counties, 31 County Partnerships planned to implement 41 programs. However, only 24 of the 31 County Partnerships were able to implement a total of 33 health programs. It is noteworthy that seven counties were unable to implement programs, and further that three of the 33 health programs that were implemented in fiscal year 2001-02 will not be continued in fiscal year 2002-03. A variety of reasons were given regarding why programs were not implemented or will not be continued. These reasons included: difficulty recruiting clients; potential supplantation of existing services; and difficulty recruiting providers (Learner, Leith, & Murday, 2002).

The types of programs implemented were the following:

- Six health home visitation programs. These programs were primarily extensions of existing home visitation programs to reach non-Medicaid eligible children and families.
- Fifteen health home visitation programs in combination with either a referral program or some type of training (e.g., nutrition classes for child care providers) or workshops (e.g., on child development for parents). Again, most of these programs were extensions of existing home visitation programs to reach non-Medicaid eligible families.
- Three nutrition programs. Each of these programs targeted child care providers and parents in order to provide nutrition classes and referrals.
- Two resource distribution programs. These programs were designed to distribute health related materials such as videos and books to new parents.
- Two health education programs for parents, teachers, and child care providers.
- One program that distributed car seats and offered training on proper use of car seats. In addition, this program worked with 52 child care quality enhancement grantees to create customized health and safety plans for their facilities.
- One health voucher program for dental care. This program involved pediatricians doing preventive dental care.
- One free prescription program. This program purchased and stocked commonly prescribed medications and worked with doctors to refer non-Medicaid eligible families to the clinic to receive free prescriptions.
- One screening program. The program provided child and family health assessments, referrals, health education services, and peer support to: teen parents, single parents, unemployed parents, parents involved with social agencies, parents with low educational attainment, first-time parents, parents with a history of developmental delays, and homeless families.
- One health coordination program. This program created a service provider network of agencies and organizations that met once a month to coordinate the provision of health services to preschool-age children and their families, and to provide health-related technical assistance to child care providers.

Clearly, health home visitation programs, either alone or in combination with other activities, were the most frequently implemented programs.

The thirty-three health programs were in various stages of implementation (i.e., serving clients) during the 2001-02 fiscal year:

- 6 percent did not provide any services to clients;
- 27 percent provided services to clients for less than three months;

- 36 percent provided services to clients for at least three but less than six months;
- 18 percent provided services to clients for at least six months but less than nine months;
- 6 percent provided services to clients for nine months or more;
- 6 percent of program reports indicated that they did not know how long client services had been provided.

It is important to note that few of the programs were in operation and serving clients for nine months or more at the end of the fiscal year. This is a very early stage of implementation of health programs. Please refer to the individual county profiles for information health program implemented in specific counties.

Many programs planned to adhere to a clearly defined program model, such as the DHEC postpartum home visitation program. About 38 percent of health home visitation programs adhered to a home visitation program model.

The most commonly targeted population for health programs were uninsured, non-Medicaid eligible children and families. Seventy-six percent of the health programs targeted this population. If duplication or potential supplantation was not an issue, most of the other programs were offered to all children and families.

Most County Partnerships are committed to funding health strategies to address the health care needs of young children in their counties; however several county Executive Directors expressed frustration regarding their counties' attempts to implement health strategies. In general County Partnerships faced numerous challenges when trying to implement their health strategies:

- County Partnerships had to ensure that health strategies were not supplanting other health care services.
- It took time to develop needed support and participation from service providers. In other word, First Steps needed to build relationships with existing health care providers.
- Counties faced difficulty recruiting and hiring qualified staff. Most counties planned to use registered nurses and other highly qualified professionals with public health backgrounds and extensive experience with pediatric populations for programs such as the postpartum home visits. South Carolina has a nursing shortage (Learner, Leith, & Murday, 2002). As a result, and particularly because there was some degree of uncertainty about ongoing funding for First Steps programs, it was difficult to recruit nurses to staff programs.
- It was difficult to locate and identify families eligible for First Steps health programs.

First Steps Health Strategies and Best Practice

In general, the health strategies implemented through the First Steps Initiative matched well with the best practices outlined in the review developed by the state's experts.

- Most health programs had well qualified staff. Fifty-two percent of the health programs implemented had a registered nurse on staff. Many of the nurses had public health backgrounds.
- Many of the health strategies that were implemented incorporated efforts to connect children and their families with medical homes, in order to create greater consistency in health care services. For example, all of the home visiting programs incorporated such efforts.
- Health strategies also tried to coordinate and provide comprehensive services by

working with DHEC, child care providers, and other services.

While the programs that were implemented each addressed at least one of the best practice priorities noted earlier, two of the priorities noted in the review received only limited attention in the programs actually mounted:

- Few programs addressed childhood injuries, either unintentional or intentional. One exception was a County Partnership that distributed car seats and instructions on how to use them, in addition to working with 52 child care quality enhancement grantees to create customized health and safety plans for their facilities.
- Few programs addressed dental care. One County Partnership health strategy funded preventive dental care. The program trained pediatricians to do oral screening for children from birth to age 3. First Steps reimbursed the pediatricians for these services. This program served both Medicaid and non-Medicaid eligible children

Findings of Specific Health Programs in South Carolina

Given how recently First Steps health programs have been implemented, it is too early to report on their outcomes. However, evaluations of other health programs in South Carolina can help provide a context for understanding how health programs in the state have addressed the health needs of young children. Progress has been made within the state in several key areas, such as increasing accessibility to medical homes, health care coverage, and immunization rates.

For example, the percentage of Medicaid-enrolled children obtaining primary care has increased from 45 percent in 1990 to 84 percent in 1999. Since 1997, about 140,000 new children have been covered by Medicaid. The percentage of South Carolina's two year olds receiving a complete set of standard immunizations rose from 62 percent to 89 percent between 1993 and 1999 (SCDHEC, 2002), almost reaching the Healthy People 2010 goal of 90 percent (SCDHEC, 2002).

DHEC attributes these increases to several key agency activities. For example, the increase in Medicaid-enrolled children obtaining primary care reflects the public/private partnerships established between DHEC and the private medical community. DHEC has committed to establishing at least one partnership in every county. Between 1991 and 2001, the number of such partnerships increased from 4 to 130. The goal of these partnerships is to find medical homes for children. DHEC examined primary care use by children between birth and three years who were receiving Medicaid between 1995 and 1999 and reported some encouraging findings. For example, about 89 percent of children seen in a partnership practice had at least one well-child screening compared to 83 percent of children not being seen in a partnership practice. In addition, fewer children receiving health care through a partnership relied on emergency room care; 23 percent, compared to 29 percent of children not receiving health care through a partnership.

Regarding the increase in immunizations, in 1994, South Carolina established the South Carolina Vaccine Assurance for All Children partnership, which offers free vaccinations to eligible children in public clinics, and for a nominal fee, in private medical facilities. As stated earlier, these efforts have increased immunization rates from 62 percent to 89 percent all of South Carolina two-year-olds with a complete set of standard immunizations.

Less progress had been made regarding oral health. In 2001, 36 percent of children on Medicaid under the age of 18 received any preventive dental service. DHEC is working with the Department of Health and Human Services and providers to increase access to dental care. In 1999 the Legislature significantly increased Medicaid reimbursement to dental providers, and in 2001, 56 percent of private dentists were enrolled as Medicaid providers.

In addition to the above-mentioned health areas, DHEC has attempted to address many other health issues in the state. For example, through its Bureau of Maternal and Child Health, DHEC attempts to address perinatal issues such as low birthweight. DHEC provides consultation and technical assistance to providers in the development of programs to improve birth outcomes and lower rates of fetal, infant, and maternal deaths. DHEC also provides information and a referral service through a toll-free line for women and families.

The state of South Carolina also has several programs addressing asthma and other health issues. Several agencies and partnerships are engaged in ongoing activities to reduce the burden of asthma in the state. One of the goals of these activities is to improve health management and quality of life for children with asthma by linking them with health care providers.

In sum, the state of South Carolina, through a wide range of activities, has attempted to address many of the health concerns and issues facing its young children. South Carolina has addressed such issues as increasing the immunization rates for young children, increasing the number of children covered by Medicaid, and connecting children with primary care providers in medical homes. Despite the array of services provided, however, the state continues to face several challenges regarding health care that may affect school readiness and performance. These include the need to further increase the number of children with medical homes for both Medicaid and non-Medicaid eligible children, and increasing the availability of preventive dental care for young children. Issues beyond the scope of the First Steps legislation also need to be addressed, especially mental health issues in young children.

Lessons Learned and Recommendations

Based on the review of the current health strategies being implemented by the County Partnerships, several lessons have been learned:

- Based on reports by service providers in the Program Effectiveness Reports, it was difficult for First Steps programs to identify eligible families. First Steps programs that extended or collaborated with other programs and/or providers seemed to be most successful in terms of actually identifying clients and providing services. Some programs reported that they provided limited services or no services because they could not identify clients.
- Almost 90 percent of children age two are fully immunized in South Carolina—very close to the Healthy People 2010 goal. It would be helpful at this point to determine who the further 10 percent of children are who still need immunizations, and how best to reach them. For example, services may be needed for non Medicaid-eligible children.
- It has been difficult to recruit qualified staff for health programs.
- Supplantation concerns have been a major issue to address in counties implementing programs.
- Building relationships with health care providers, something that may take time, has proven important to implementing health strategies.
- A close working relationship with local DHEC offices is important to the successful implementation of First Steps health

strategies. For example, DHEC helped some First Steps County Partnerships deal with supplantation issues by screening potential clients and referring to appropriate First Steps services.

- It was very challenging for First Steps County Partnership Boards to create *new* health programs. Programs that were implemented were most often extensions of existing programs.
- Given the challenges noted, many First Steps health programs did not meet their implementation goals for the year, but most were moving toward full operation, sometimes with modified goals and procedures, by the end of the year.
- Some programs with very discrete goals were highly successful—notably the car seat program.

The following recommendations may improve the implementation of the First Steps health strategies:

- The First Steps initiative needs to evaluate, at the state level, the highest priority and most feasible health-related issues to address. The initiative may need to limit its focus to specific health strategies in order to maximize the effect that limited First Steps dollars can have.
- One strategy for focusing First Steps efforts would be to carry out a careful analysis of the gaps in service currently offered by DHEC and existing programs. For example, First Steps might consider expanding programs focusing on preventive dental care. While working to provide health care for the uninsured, non-Medicaid population might be seen as a priority in such an analysis, First Steps would need to work closely with DHEC to identify efficient strategies for locating this population. Training at the state level in how best to address supplantation issues would also be helpful.
- Close working relationships with local DHEC offices, and collaborative efforts within communities, will continue to be important to the identification of the populations to target with health strategies and the effective implementation of health strategies.
- Counties that have successfully implemented health strategies should share lessons learned with other counties.

Other Programs

Introduction

In addition to the four major program areas described above, the First Steps initiative also funded an additional set of programs. These programs include transportation, library programs, and community outreach.

Overview of Key Findings and Conclusions

- The lack of available transportation is a problem that has been reported across the state, and it undermines the access of children and families to needed services and programs.
- By making programs mobile, many counties helped to address their transportation needs. Home visiting and mobile library programs, for instance, bring services, resources and materials to children and their families (in homes, child care centers and hospitals).
- The library programs adopted in some counties helped to increase the training of child care providers in the area of child literacy.
- A public awareness program stood out as having the potential to create greater efficiency in services, increase the use of available county resources, improve linkages between service providers, and provide a better referral system.

Transportation

The issue of transportation is a significant barrier to the provision and utilization of programs and services for many low income families in South Carolina. Transportation barriers are tied to both geographic isolation and economic status. While transportation is a problem throughout the state, it is of particular concern in rural areas where public transportation services are for the most part lacking or stretched thin.

The lack of transportation can impede the access of children and families to needed services and programs. For example, one County Partnership reported that they were unable to fill all of their 4K slots because of transportation barriers. Program providers may limit their recruitment efforts to areas where residents have access to transportation. The lack of reliable transportation may also result in sporadic participation in services by children and their families, reducing their potential impact.

Transportation difficulties were reported as barriers to services by county Executive Directors, state officials, program vendors and families participating in First Steps programs. When asked to name the major reasons that children are not ready for school, slightly more than a quarter (27 percent) of parents participating in First Steps programs and completing a Family Satisfaction Survey cited transportation problems (Family Satisfaction Surveys, 2002). Moreover, 35 percent of parents in First Steps funded parenting programs and 20 percent of parents whose children attended 4K classes who responded to a Family Satisfaction Survey cited transportation as one of the biggest problems facing their own families in getting children ready to start school. Among survey respondents, the lack of transportation was perceived as an even bigger problem for parents participating in parenting programs than for those with children attending 4K classes. This may be because children in many 4K programs are eligible to ride school buses to and from their schools, while fewer parenting programs offer any transportation services.

Transportation Activities

County Partnerships used a number of approaches to meet the transportation needs in their communities. The transportation strategies adopted throughout the state can be divided into three broad categories: Stand-alone transportation programs; transportation programs within other programs (e.g., 4K, Child Care); and exploratory studies on transportation issues.

Stand-alone programs in two counties were used to transport children in order to receive medical attention. One program used a taxi service to transport children and parents to urgent care medical appointments (i.e., appointments for acute medical needs). The focus on urgent care was chosen because it was the one type of care for which no other transportation services existed. Transportation for well-child care for Medicaid recipients can be arranged through DSS (though arrangements must be made days in advance); and transportation in the case of emergencies is available via ambulance services. The second stand-alone program used a van to transport non-Medicaid eligible children to receive medical attention. Between these two programs, a total of 20 families have been served. These numbers likely reflect the relative newness of the programs as well as a lack of awareness in the community about the services. Although few families were served, both programs anticipated increased usage as some program changes were implemented and as community awareness increased. It is also worth noting that these programs were of relatively low cost. The urgent care taxi service, for example, paid only for the rides that were actually provided.

The second program category involves the inclusion of transportation services within other program strategies, allowing children and their families to reach services. The majority of counties that adopted this approach included transportation as a component in parenting and 4K programming. Overall, 36 percent of parenting and family strengthening programs indicated that they provided transportation for their clients. Further, Program Effectiveness Reports (PERs) from 12 of 62 4K programs and 15 of 35 summer readiness programs specifically stated that transportation was provided for students. Further children participating in 4K and summer readiness programs may have been eligible for school busing. Other ways in which transportation issues were addressed indirectly within a program include the provision of tokens or vouchers for transportation to program participants, the rotation of group parenting meetings to different parts of the county, and ad hoc car pools run by individual program providers.

The third approach to transportation, adopted by three counties, involved conducting exploratory studies to document transportation needs and resources: the extent to which transportation acts as a barrier to children and their families in the county; existing transportation resources; and ways in which to coordinate transportation services across the county. The results of these studies are expected to help counties develop and implement transportation programs in the future.

Library Programs

The National Education Goals Panel outlined the importance of families engaging in literacy activities with their children. Research has shown that young children who are exposed to literacy activities do better in school (Snow, Burn, & Griffin, 1998, as cited by Nord, Lennon, Liu, & Chandler, 1999; Zaslow, et al., 2000). One indicator of engagement in literacy activities is use of the library. National surveys provide estimates of families' visits to libraries. The National Household Education Surveys (NHES), for example, tracked the number of preschool children who visited the library with a family member. In 1999, data from NHES indicated that 36 percent of preschool children (three- to five-year-olds) had visited a library with a family member in the last month (Nord, Lennon, Liu, & Chandler, 1999). In addition to young children engaging in literacy activities with family members, they may also engage in literacy activities in other settings, such as child care and school.

After conducting their needs assessments, several County Partnership Boards found that available library resources for young children were underutilized. For example, small numbers of children are issued library cards. To address the issue of underutilization, 11 counties decided to implement library programs. In addition, several other counties included literacy activities within the context of other programs. For example, several parenting programs included home lending libraries, and child care quality enhancement programs sometimes included training in storytelling.

The general goals of the library programs were as follows:

- To increase the number of young children exposed to books;
- To increase the number of young children who use the libraries within their counties;
- To help children enjoy reading and acquire some pre-literacy skills, such as holding a book in the proper direction, mimicking reading, knowing that one reads from left to right and not right to left;
- To help children develop listening and communicating skills; and
- To provide child care workers with training and experiences in literacy activities.

County Partnership Boards funded a variety of library programs to promote literacy among young children. All of the programs used multiple approaches to supporting literacy. Specific activities included:

- Promoting higher quality child care by providing training in storytelling and access to age-appropriate sets of books;
- Implementing specific models, such as Bright Beginnings and Story Time Express. These models' activities include providing literacy training in preschool settings; encouraging parents to attend library workshops; assembling and distributing literacy kits (which include age-appropriate books and related manipulatives (e.g., puzzles or puppets along with basic arts and crafts supplies) for parents and child care providers to borrow;
- Helping parents to learn to use library resources and obtain library cards;
- Encouraging reading through annual summer reading programs;
- Encouraging child care providers to take field trips to the library; and
- Offering home lending library programs.

Children's librarians staffed seven of the eleven library programs; a First Steps County Partnership Executive Director, two teachers, and an experienced storyteller staffed the other four programs. As shown below, the programs were in various stages of implementation (i.e., serving clients) during the 2001-02 fiscal year:

- 18 percent served clients for less than three months;
- 32 percent served clients for at least three but less than six months;
- 18 percent served clients for at least six months but less than nine months;
- 18 percent served clients for nine months or more.

Based on a review of the library Program Effectiveness Reports, it is estimated that the library programs served over 2,500 children in more than 34 4K classrooms and 76 child care settings. Most programs included a component that encouraged parents to use the library in their county. The library programs conducted workshops for parents to be trained on library resources. In addition, the library programs had various partners (e.g., churches and nonprofits) to help implement programs.

Community Outreach

Community outreach programs aimed to fill gaps in existing community services. Four programs were planned, and three were implemented in three counties.[1] The first of these three was a public awareness program, which included informational meetings for child and family service providers. At these meetings, information was provided on the resources and services that could be used in referring clients. The second program was a specialized child care program which offered child care for children ages zero to five while their parents visited the county's health care clinic. This program involved four collaborative partners that provided space, staff, and books for the families. The final program gave community partners seed funding for programs designed for children ages zero to five and their families.

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[1] These numbers represent programs that were summarized by a PER. Additional counties had other outreach activities that were not considered programs and were not summarized by a PER.

Program Activities

The public awareness program spent time and money to educate and inform service providers about resources for children and families. In addition, this program collaborated with at least nine community partners, including the public library, the Boys and Girls Club, and the Teen Pregnancy Prevention Council. The child care program at the health clinic provided a service to parents while they were at the clinic, increasing the likelihood that parents would seek and receive care for themselves. Program Coordinators also tried to provide a developmentally stimulating environment for the children and gave referrals to the local parenting program. The third community outreach program gave funds to community partners to start or extend programs for young children and their families.

The three community outreach programs provided services and funding to help the development of children in the community and to provide resources and referrals to their families, either directly by funding new programs or indirectly through educating child and family service providers. The public awareness program educated 204 child and family providers. Seven hundred and sixteen children participated in the child care program, and 70 parents were referred to and enrolled in a PAT program. The community support strategy awarded funding to 34 programs in the county. Because none of these programs followed a specific model, it was difficult to gauge the success of implementation and the quality elements implemented.

Overall, the transportation, library and community outreach programs filled gaps that were not being met by programs in the major categories.

Lessons Learned and Recommendations

Based on the review of these programs being implemented by the County Partnerships, several lessons have been learned:

- Transportation is a frequent concern across all programs.
- Stand-alone transportation programs were not highly utilized in their first months of implementation because there was a lack of community awareness on the part of both families and service providers. Outreach efforts are needed for such programs. While public outreach campaigns may increase the costs of stand alone programs, they may help to increase utilization.
- Several of the library programs helped to address issues of transportation through mobile library services (e.g., a bookmobile, and librarians going to child care facilities). At least two counties reported that they pursued a library program in order to address the issue of geographic isolation and lack of transportation. While they may not have been able to provide transportation for all children seeking to go to libraries, they could in essence bring the library to the children.
- The public awareness program suggests that service providers may want opportunities to network and share information.
- The following recommendations may improve the implementation of these First Steps programs.

- Programs of different types should consider incorporating a transportation component to increase access to services.
- Library programs may benefit from collaboration with child care providers or 4K programs. It was difficult for librarians to engage parents of young children unless a program was attached to service providers serving young children. For example, one county had a toy and book lending library in a parenting center.

Conclusion

Key Accomplishments, Challenges, and Recommendations for Further Steps

Introduction

The purpose of this chapter is ask how First Steps can build on its accomplishments to date so that it can support children's school readiness in South Carolina even more effectively in the future. The chapter begins by providing an overview of key accomplishments—the "first steps" that the initiative can build on. It then turns to consideration of challenges facing the initiative, and the "further steps" that could be taken to address them.

Three sets of accomplishments are noteworthy: First Steps has been built around a set of clearly articulated principles. The principles are well grounded in research, and have been adhered to in the initial phase of implementation covered by this evaluation. Second, First Steps has built a set of administrative structures that fulfill the requirements of the legislation, fostering collaboration at both the county and state level to improve services for young children and their families. Third, First Steps has launched programs for young children and their families in four areas (early education, child care, parenting and family strengthening, and health) called for by the legislation. These programs address needs identified at the county level and incorporate specific features identified as important from research and best practice information.

The First Steps initiative has inevitably faced challenges as it has moved from its planning phase to program implementation. Further steps that could be taken to strengthen the First Steps initiative include: working towards greater specification and standardization of administrative procedures as well as greater sharing of information across counties; focusing more strongly on the quality elements of programs; continuing to strengthen data collection and broadening evaluation efforts to move towards an examination of children's school readiness; and reviewing spending per child as a key component of what can be accomplished.

Key Accomplishments

Set of Guiding Principles

First Steps has been guided by a clear set of principles. These principles are articulated in the legislation or implicit in the requirements of the legislation. As identified by Holmes (2002c), these principles indicate that First Steps programs should: focus on the whole child; view school readiness as a multidimensional construct; provide supports for all children; emphasize community mobilization and collaboration; provide an array of services; follow best practices; coordinate services; meet specific needs within communities; emphasize fiscal responsibility; and require accountability for efficiency, effectiveness and readiness results (see Introduction to this report for further description).

The following are examples of ways in which First Steps has adhered to the set of guiding principles:

- Children's school readiness involves multiple dimensions of development, including early literacy, cognitive development, social and emotional development, and health. This is in keeping with reviews of the research by the Committee on Integrating the Science of Early Development of the National Research Council and Institute of Medicine (2000) and the National Institute of Mental Health (Huffman et al., 2000), as well as earlier work by the National Education Goals Panel (Kagan et al., 1995). Concern has been expressed recently that a focus on early cognitive development, if not balanced with a focus on health and social and emotional development, could miss key foundations for children's school readiness (see for example, Blair, 2002 and Raver, 2002). A multidimensional view of school readiness was clearly articulated in the First Steps legislation. It informed the conceptual model that was used in the county planning process. It is important to note that the programs launched by First Steps have adhered to this principle, focusing on all of the key aspects of children's early development to strengthen their readiness for school.

- Children's school readiness requires a focus on development across all of the early years of life. First Steps emphasizes education during the year immediately preceding the transition to formal schooling through its focus on 4K programs. But this focus has been balanced and complemented with an emphasis on the earlier years of development, for example, through health home visitation programs around the time of birth, parenting education and family strengthening programs that focus on all of the preschool years, and programs to improve the quality of child care and increase families' access to child care across all of the preschool years. The research is clear that experiences across all of the first years of development are important to eventual school readiness. For example, parenting in a child's early years continues to provide a basis for later cognitive and social development (Bornstein, 1995), and the quality of child care experienced over the early years of development has implications for children's later development (NICHD, 1999; 2000c). First Steps, from its inception, has encompassed a focus on supporting children's development during both the early and later years of the preschool period.
- Children's development is influenced by multiple environments, beginning with the most immediate care environment of the home, but extending out to child care and early education settings, as well as the community context. Research strongly supports the view that children's development is shaped by the multiple environments in which they are cared for and in which they participate (Bronfenbrenner, 1979; 1989). The First Steps initiative has targeted multiple environments of potential importance to young children, including the home environment, child care, early education, and the community context. The focus on fostering stronger collaborations among organizations and individuals serving families and young children within communities is a salient feature of the First Steps initiative.
- While some children and families may need more intensive supports, all the young children in South Carolina are important to include in school readiness efforts. Some First Steps programs have been broad in terms of the population they seek to serve, with the potential to reach all families with young children, while others have focused more intensively on families facing particular challenges in getting their children ready for school. The research on children's development suggests that all children benefit from more supportive and stimulating care (both at home and in early care and education environments), but for children in families facing such risks as poverty, limited parental education, or single parenthood, providing support during the early years may be particularly important (Peisner-Feinberg et al., 2001). First Steps programs have had a broad focus while also providing special supports for families at greater risk. For example, First Steps efforts to improve the quality of child care have the potential to affect a broad range of families attending child care facilities, while increasing access to child care subsidies through First Steps scholarships is particularly important to families with limited income.
- First Steps programs should be guided by evidence from research and best practice knowledge. For each of the four major

program areas in First Steps (early education, child care, parenting/family strengthening, and health), an Effective Practices Expert (or group of experts) was designated to inform First Steps efforts. These experts reviewed the evidence from research and effective practices in each program area. The reviews of the evidence (Brown and Freeman, 2002; Brown & Swick, 2002; Learner, Leith, & Murday, 2002; Marsh, 2002) helped to guide both program development and implementation.[1] Reviews completed by these experts have assessed whether the programs that are being implemented are in keeping with evidence from research and best practice information.

It is noteworthy that the initial set of principles has not remained hypothetical, but has been drawn upon to guide the actual implementation of the First Steps initiative.

Establishment of Administrative Structures and Goal of Fostering Collaboration

The First Steps legislation consistently emphasized establishing *partnerships* and *collaborations* as critical means for enhancing services for young children. As noted by Andrews (2002) in her Effective Practices Report on Community Capacity Building, Collaboration and Services Integration, families with young children in need of services often face gaps in these services and barriers to access. If they need more than one set of services, they may face differing rules of access, the services may not be well coordinated, and indeed may involve conflicting requirements. While there may be gaps in services, there may also be duplication of services. The very families most in need of multiple services may be least able to navigate the differing service streams to identify and gain access to a complementary set of supports.

The legislation called for the establishment of Partnership Boards at the county level, the state Office of First Steps, and the State Board of Trustees. First Steps sought to increase the efficiency of services for young children and their families by bringing together at both the county and state level, in the County Partnership Boards and state Board of Trustees, diverse representation from among individuals and organizations concerned about the development of young children and their families. The legislation required that the administrative structures be established prior to the launching of First Steps funded programs to provide services to children and families. It took a period of time to establish the called-for administrative infrastructure of First Steps: a period of about two years. However, the investment of time and resources has resulted not only in the establishment of administrative structures that fulfill the legislative requirements, but also clear indications that the structures established are fostering collaborative processes in a way that can improve services for young children and their families.

State Board of Trustees

The State Board of Trustees was established soon after the First Steps to School Readiness legislation passed in order to oversee the initiative. As called for by the legislation, the State Board of Trustees includes representation from key agencies, state legislators, service providers, members of the business community, early childhood educators and families with young children.[2] The State Board of Trustees meets monthly to monitor the activities of the First Steps initiative. It functions through a committee structure including the Executive Committee, Strategic Planning and Administration Committee, Application/Grants Committee, Legislative and Agency Relations Committee, and Fiscal Accountability and Evaluation Committee.

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[1] Further background papers prepared for the First Steps initiative to inform the evaluation include papers by Holmes (2002a,b,c) on legislative history, statutory requirements in First Steps, and use of the conceptual model in planning efforts; an Effective Practices Report on collaboration, capacity building, and integrating services within First Steps (Andrews, 2002); a summary of the data collection process for the Program Effectiveness Reports (Andrews and Sheldon, 2002); and an overview of the development of the Universal Management System (Fallon and Jenkins, 2002).

Among the accomplishments of the State Board of Trustees are the completion of a State Strategic Plan for First Steps, and review (including securing external review, as well as completing internal review) of each County Partnership Board's strategic plan, Level One and Level Two grant applications, and renewal applications.

The State Board of Trustees oversees the activities of the Office of First Steps, and has established procedures to monitor First Steps operations, program activities and fiscal accountability at the county level. The State Board of Trustees has submitted Annual Reports to the General Assembly, and when needed, has asked the General Assembly to consider specific recommendations.

A number of activities indicate that the State Board of Trustees has fostered collaboration and communication at the state level. For example, in 1999, a team of representatives of state agencies met to identify data that could be provided to counties to assist in their needs assessment process. Representatives participated from the Office of First Steps, Office of Research and Statistics, Department of Health and Environmental Control, Department of Social Services, Department of Health and Human Services, Department of Education, and United Way of South Carolina. The Governor also established the First Steps Inter-Agency Work Group, and teams have been created to work on specific issues (for example, a Promising Practices Team, and an Evaluation Goals Team). Collaborative efforts at the state level have been launched to extend and complement county level program efforts. As one example, in support of efforts to improve early literacy, the United Way of South Carolina worked with First Steps on a coordinated effort to purchase and deliver books to young children. First Steps is participating in, and facilitated the establishment of, the Child Care Coordinating Council, formed to develop a strategic plan for improving child care in the state and currently initiating efforts to address the plan.

County Partnership Boards

As called for by the legislation, all 46 County Partnership Boards have been established and are operational. The strategy adopted by the First Steps legislation of launching all 46 County Partnership Boards simultaneously differed from the gradual phasing in of Partnerships in North Carolina's Smart Start initiative. First Steps effectively addressed the substantial challenge of establishing all 46 County Partnership Boards simultaneously.

The County Partnership Boards have generally succeeded in including representation from a wide range of sectors (including the business community, child care providers, non-profit organizations serving children and families, the county library, county Department of Health and Environmental Control, county Department of Social Services, early childhood education, the faith community, family education, Head Start, health care, a legislative appointee, parents of preschool children, preschool to primary educator, the school district, and transportation), although there have been some challenges in maintaining representation from parents and for incorporating the perspective of county transportation needs.

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[2] As required by legislation, the State Board of Trustees includes the Governor, Superintendent of Education, Chairman of the Senate Education Committee, Chairman of the House Education and Public Works Committee, 18 voting members appointed by the Governor, President Pro Tempore of the Senate and the Speaker of the House, and 12 non-voting members who represent various state agencies and organizations. Appointments to the State Board of Trustees include representatives from the following categories: parents of young children, members of the business community, early childhood educators, medical or child care providers, and representatives from the Senate and House. State agency members are executive directors or designees from the Department of Social Services, Department of Health and Environmental Control, Department of Health and Human Services, Department of Mental Health, Department of Alcohol and Other Drug Abuse Services, Department of Transportation, Department of Disabilities and Special Needs, Budget and Control Board. The state organization members include representatives of the South Carolina State Library, Transportation Association of South Carolina, the South Carolina Technical College System, and State Advisory Committee on the Regulation of Child Care Facilities.

The County Partnership Boards have all completed the required tasks of the planning phase of the First Steps initiative: carrying out a needs assessment and developing a strategic plan. Further, all counties have moved from this planning phase to the phase of program implementation, with approval of specific strategies and funding to launch programs.

Members of County Partnership Boards were initially found to lack skills needed for accomplishing such key tasks as conducting a needs assessment, conducting a resources assessment, researching best practices, and writing a program plan. The state Office of First Steps invested substantial resources in training and technical assistance to County Partnership Boards, and surveys of Board members indicate substantial increases in skills essential to Board functioning.

While there has been substantial variation across counties in terms of the time needed to complete the planning phase and in how well Board members have worked together, overall there is evidence of effective board functioning. In surveys of Board members, 85 percent rank their Boards as being good or excellent in the areas of cohesion and unity, and about 90 percent report that their Board is functioning effectively.

All Boards but one have hired Executive Directors to oversee the implementation of First Steps programs. In some instances the Executive Director is joined by other staff members in county Offices of First Steps.

It appears that the intended goal of fostering greater collaboration is indeed occurring at the county level. When asked if collaboration within their counties had increased since the launching of First Steps, 63 percent of Executive Directors felt that collaborations had increased a lot, and a further 28 percent felt that collaborations had increased some. Less than 10 percent felt that collaborations had not increased at all (7 percent) or had increased very little (2 percent). Examples of collaboration include agencies working together to develop more effective referral networks, organizations writing joint proposals to address gaps in services for young children and their families, service providers sharing information or resources that had not previously been shared (for example, participation in training for early childhood professionals by both child care providers and pre-kindergarten teachers where such training might previously have been accessible only to one group).

Office of First Steps

The state Office of First Steps is a key aspect of the administrative structure established in the first years of First Steps. The Office of First Steps provides guidance to the County Partnerships. In addition, it serves as liaison between the Partnerships and the Board of Trustees, coordinates the First Steps initiative with other states, and with local public/private and federal efforts to promote school readiness, and develops and coordinates data collection for the legislatively mandated evaluations of First Steps.

Each of six Technical Assistants in the Office of First Steps is assigned to work with a set of individual counties to provide training; help in the development of programs, applications and contracts; conduct site visits; and attend First Steps activities at the county level. Overall, 76 percent of Executive Directors reported that they had a very positive working relationship with their current Technical

Assistant, 100 percent felt that they were available when needed, and 95 percent felt that they provided effective and useful information.

The leadership within the Office of First Steps–the Director and two Deputy Directors–work to assure that county offices and departments within the state office function within the mandates of the legislation, set policies that put into practice the components of the First Steps legislation, coordinate fundraising, and oversee outreach efforts. A majority of county Executive Directors (58 percent) reported having a very positive working relationship with Office of First Steps leadership. A large majority of Executive Directors felt that leadership in the Office of First Steps was available when needed (93 percent) and that their assistance was effective and useful (91 percent). Representatives of several state agencies also indicated positive working relationships.

External Affairs initiates public information efforts, serves as the public relations liaison, tracks and summarizes media coverage of First Steps, assists in dissemination of information to counties, and facilitates county public information efforts. Major community events to which First Steps has contributed include the Hispanic Early Childhood Education Summit. Most Executive Directors (65 percent) reported that they had a very positive working relationship with the external affairs staff at the Office of First Steps. A large majority (91 percent) felt that staff members were available when needed and felt that the assistance was effective and useful (88 percent).

The fiscal department at the Office of First Steps monitors spending at the state and county levels to ensure that spending is in compliance with the legislation, provides up-to-date reports on fiscal status to the State Board of Trustees, assists in the development of budget policies and the production of fiscal reports, has created a fiscal accounting manual for County Partnerships, and has assisted in the development of the Universal Management System (which provides fiscal management and accounting services to each county). Though fewer Executive Directors described their working relationships with the fiscal department as positively as their working relationships with other staff at the Office of First Steps, 84 percent felt that the fiscal department was available when needed and 76 percent felt that the assistance provided by the fiscal department was effective and useful.

Rather than have someone from each county manage that county's accounting and tax functions, First Steps has authorized a system of *regional fiscal managers*. These managers, each of whom is responsible for several counties, take care of or assist with each county's accounting and bookkeeping, tax form completion, reporting, budget preparation, financial statistics, audit assistance, and payroll processing. By pooling their limited administrative resources, counties achieve substantial economies of scale–thereby making it possible for even the smallest counties to afford a high-quality accounting system that is consistent with all the other counties in the state.

The legislation authorizing First Steps required the Office of First Steps to build a fiscal accountability system using a standard uniform accounting system and a set of fiscal controls. Such a system has been created, and the system is viewed as useful and effective.

Analysis of fiscal data indicates that while spending statewide was greatest in the areas of early education programs and parent education and family strengthening programs, many counties followed different sets of priorities and spent the bulk of their allocations on different programs. Thus, it is clear that the First Steps program has allowed substantial autonomy to counties to plan and implement programs that meet their priorities.

Launching Programs

This evaluation reviews evidence from the signing of the First Steps legislation into law on June 28, 1999, to June 30, 2002 (the end of the fiscal year). It is important to underscore that programs were generally in operation at most for a year, and many for a shorter period of time, during the period this evaluation covers. For example, most 4K programs had been in operation for a single academic cycle during the period under review; the majority of child care quality enhancement initiatives were operational for six months or less; most parenting and family strengthening programs had seen clients for less than a year in 2002 (many for less than six months); and similarly most health programs were in operation for a period of between three and nine months.

In such an early phase for programs (with programs still mobilizing and addressing early implementation issues), it is not appropriate to examine whether programs are affecting child or family outcomes. Instead, it is important to ask whether programs have been implemented as intended by the legislation and in keeping with evidence from research and practice.

The review of the evidence indicates that early implementation is in keeping with the intent of the legislation. Further, in many ways the early implementation of First Steps programs is in keeping with research and information on effective practices. A next important phase of the work, as noted below, should be to address specific challenges faced in mounting these programs, and to focus more fully on program quality.

A summary of early accomplishments for each of the four most prevalent program types follows. As noted in the chapter on First Steps programs, further programs were launched by First Steps beyond these four major types.

Early Education: 4K (Pre-Kindergarten) and Summer Readiness

An important accomplishment of First Steps in this early implementation period was the expanded capacity of early education programs, including 4K, other school-year preschool programs, and summer readiness programs (predominantly for children entering first grade). In South Carolina and elsewhere, there is evidence that children's participation in pre-kindergarten programs is associated with stronger academic progress in the early years of elementary school.

- First Steps funded 62 4K programs in 40 counties.
- Through the 62 programs, 169 4K classes operated with First Steps support. Of the 169 classes, 147 were full day (extending existing half-day programs to full day or creating new full day programs) and 22 were new half day 4K classes.
- In addition, First Steps funded 36 new or expanded summer readiness programs in 29 counties.
- Approximately 3,380 children participated in new or expanded 4K and other school-year preschool programs, and approximately 4,248 children attended new or expanded summer readiness programs that received support from First Steps.
- Programs that operated with the assistance of First Steps funding were designed to follow best practices for early education, and most followed one of the developmentally appropriate curricula recognized by the State Department of Education, including High/Scope, Creative Curriculum, and Montessori. Adherence to specific curricula was more characteristic of programs operating during the school year, however, than for the summer readiness programs. The adherence to best practices for early education, particularly in 4K programs, is an important feature of these programs.
- Parent satisfaction with 4K programs was very high across the state, as indicated in First Steps Family Satisfaction Surveys.

Child Care

Forty-four County Partnership Boards used First Steps funds for child care strategies. Three types of child care strategies were primarily funded: quality enhancement; staff training and professional development; and child care scholarships for low income families.

Research indicates that the quality of child care in general, and staff training and professional development as particular aspects of quality, can contribute to more positive developmental outcomes in children both while they are participating in child care and through the transition to formal schooling. Helping low income families afford child care through child care scholarships can make an important contribution to overall family economic well-being. Further, requiring that child care scholarships go to child care facilities that meet certain quality standards, a requirement of First Steps, helps assure that the care in which the children participate will contribute positively to their school readiness.

Quality Enhancement Initiatives

- First Steps quality enhancement grants were awarded in 33 counties, while in a further five counties, technical assistance and funding for equipment or materials were provided without a quality enhancement grant being awarded.
- A total of 470 child care providers received quality enhancement grants. A further 142 providers received technical assistance and materials.
- During the initial period of program operation covered in this evaluation, 38 recipients of quality enhancement grants improved their status by moving up a level to licensed, enhanced, or accredited status. This is a promising trend.
- Some of the efforts to improve child care quality occurring within counties are pioneering, yielding new understanding of how to work with providers to bring about change over time.

Staff Training and Professional Development Initiatives

- Staff training and professional development initiatives were carried out in 12 counties.
- Most involved training sessions that caregivers could choose from on a variety of topics, including health and safety, relationships and interactions between caregivers and children, growth and development, early literacy, and curriculum development.
- In a number of counties, the training sessions were certified by staff from the Department of Social Services or helped child care providers enroll in the T.E.A.C.H. program (something with which quality enhancement grants also assisted).
- Training sessions were most often taught by well qualified instructors: professors from local technical colleges or child development experts.

Child Care Scholarships

- Twenty-four County Partnership Boards used First Steps funds for child care scholarships for low income families.
- As of June 30, 2002, 686 children across the state had received First Steps funded scholarships. Families receiving First Steps funded scholarships were required to choose child care facilities that were ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or working to become ABC Enhanced through the ABC program or through County Partnerships' quality enhancement initiatives. This is an important feature of the First Steps child care scholarships programs; one that is in keeping with supporting children's progress towards school readiness.

Conclusion: Key Accomplishments

Parent Satisfaction with Child Care in First Steps Programs

- One county collected parent satisfaction data for families relying on child care facilities that were participating in First Steps professional development or technical assistance initiatives. Parent satisfaction was high with most features of participating child care facilities in this county. For example, parents generally agreed that their children were often or always engaged in learning activities, and that their children were learning things that would help them later in school.

Parenting and Family Strengthening

The home environment has a particularly strong influence on children's early development and progress toward school readiness. The First Steps legislation acknowledges the importance of the home environment. Two approaches are used to strengthen the family as a context for children's development: parenting education and providing parents with skills to increase the family's economic well-being.

- Forty-four County Partnership Boards funded 97 parenting and family strengthening programs.
- A majority of these programs were based on nationally recognized models. The three most commonly used models were Parents as Teachers, Parent Child Home, and Family Literacy.
- Nearly all staff for these programs received the necessary training in a program model (where a model was being used) prior to seeing clients.
- Adherence to an established model and staff training are best practices in the area of parent education and family strengthening.

Health

Children's readiness to engage positively in school can be seriously impeded if they are not well nourished or if they have undetected and untreated health or developmental problems. Unhealthy or unsafe conditions in the home or in child care can lead to illnesses or injuries with potentially serious consequences for children's ability to function well in school. The First Steps legislation acknowledges the link between health and school readiness, calling for efforts in six specific areas: nutrition; affordable access to quality age-appropriate health care; early and periodic screenings; required immunizations; initiatives to reduce injuries to infants and toddlers; and technical assistance and consultation for parents and child care providers on health and safety issues. County Partnership Boards have launched programs to address a number of these areas. In particular:

- Twenty-four County Partnership Boards funded 33 health programs.
- All of these programs attempted to address at least one of the health areas noted in the First Steps legislation.
- The most common health strategy funded by County Partnership Boards involved home health visitation. Other approaches included nutrition education, screenings, provision of free prescriptions and car seats, provision of dental care, and technical assistance on health and safety issues for parents and child care providers.
- Programs most often attempted to target families that were uninsured and non-Medicaid eligible.

In sum, in the four major program areas, County Partnership Boards have launched programs that address the priorities of the First Steps legislation, and that incorporate a number of features identified as best practices.

Challenges and Recommendations for Further Steps

The "first steps" of this initiative have been large strides, both in terms of initiating collaborative processes through the required administrative bodies, and through launching specific programs. Yet inevitably, further steps could be taken. This section turns to challenges that are being faced within the First Steps initiative, and recommendations for further strengthening First Steps. The recommendations fall into four categories: (1) focusing on the quality of First Steps funded programs; (2) making further progress in terms of data collection; (3) taking further steps to strengthen procedures and administrative structures within the initiative; and (4) reviewing spending per child as a key component of strengthening the initiative and contributing to children's school readiness.

Focusing on the Quality of First Steps Funded Programs

As noted above, the authorizing legislation for First Steps required a focus on effective practices in funded programs. The initiative has built in a process for planning programs around effective practices and for examining program implementation in light of the evidence on effective practices.

First Steps plans to increase its focus on elements of program quality (discussions of Fiscal Accountability and Evaluation Committee, Board of Trustees, May 2002). The reports of the Effective Practice Experts (Andrews, 2002; Brown & Freeman, 2002; Brown & Swick, 2002; Learner, Leith, & Murday, 2002; Marsh, 2002) on First Steps program implementation to date, and the further evidence from the present evaluation provide guidance on specific elements of programs that should be included in the focus of these efforts.

Early Education

In First Steps 4K programs, the evidence reviewed suggests that there is a generally high level of appropriate education and training for teaching staff, but also suggests that there may be room for improvement in the area of increased educational and training requirements for teaching assistants. The phasing in of new requirements for assistant training in public schools is a positive step in this direction.

While educational credentials of 4K teachers were generally high, the Program Effectiveness Reports frequently noted the need for further training of teachers and assistants in the implementation of the specific curriculum being used in classrooms. There appeared to be substantial variation in the type and extent of training on the implementation of specific curricula. It is not clear if this reflects the mounting of new 4K classrooms in the first year of program operation covered in this evaluation or if it reflects an ongoing issue. Training opportunities for teachers should be reviewed, and if training is found to be an ongoing issue it should be expanded in order to improve teachers' abilities to implement developmentally appropriate curricula. Because of the time and financial costs associated with sending teaching staff to attend programs that are located at a distance, it will be important to explore the possibility of providing training opportunities in regions across the state. Classroom assistants should be included in training opportunities as well.

Summer readiness/summer enrichment programs were implemented with substantial variation on multiple dimensions including amount of time children attended, whether a particular program model was adhered to, and training of teachers. There is a need for careful consideration of the specific goals of these programs (for example, whether they focus on enrichment or remediation) and the content of the programs. As suggested by Brown and Freeman (2002), programs are likely to be more effective if they are better-integrated into general planning for early education, allowing greater coordination with school-year programs, and more time for curriculum planning and teacher training. The relative brevity of these programs makes it more essential to have program goals that are well-articulated, specific, and reasonable with respect to child outcomes.

A careful review is needed of the child assessments used to assess progress in 4K and summer readiness programs, and of ways to strengthen the evaluation of the programs' contributions to children's school readiness. Currently most early education programs that reported using repeated testing to determine children's progress used screening measures, such as the DIAL-R, DIAL-3 and Brigance. Screening measures are not designed for assessments of change produced by program participation. Further, the content of these tests may not be well-aligned with many of the child outcomes identified as goals of early education programs. For example, screening measures are limited in assessing socio-emotional functioning and approaches to learning–aspects of child development that may be key contributors to children's school readiness and subsequent success. Further, it is not possible within pre/post or repeated assessments to evaluate whether progress would have differed if children had not been exposed to a 4K program. Thus, increased efforts should be made to encourage systematic child assessments and evaluations of progress using measures that are age-appropriate, that tap the range of skills and abilities that early education programs may be reasonably expected to affect, that are sufficiently sensitive to change so that program contributions can be detected, and within research designs (if possible, experimental designs) that permit comparison to children's progress when not exposed to such a program.

The variations in early education programs that currently exist across the state provide an excellent opportunity to conduct systematic studies on the effects of such factors as program duration and intensity, content/curriculum planning and implementation, teacher and assistant training, and timing of programs. For example, there is considerable anecdotal evidence presented in the Program Effectiveness Reports that full-day programs are preferable to South Carolina families and educators. Planned studies of the differential impacts of full- and half-day First Steps programs on children's developmental and educational progress across the year, and longer-term studies of children's subsequent readiness for first grade, would yield valuable information. Additional 4K questions that could be systematically investigated include differential effects, if any, on child outcomes of the several different curriculum models being implemented, and whether the extent to which programs are followed with fidelity has a substantial impact on outcomes.

For summer readiness programs, there is still more to be learned. Systematic studies exploring differential effects of planned variations in length of programs, timing of programs during the summer months, and program content/curriculum models . followed would be important to further understand how these programs can be structured to make the biggest contributions to children's academic progress.

An innovative program launched by First Steps involves the implementation of 4K classrooms within child care settings. This is an important innovation that should be carefully evaluated. Evaluation should include careful consideration of steps needed so that 4K programs implemented in child care settings meet 4K program requirements in terms of education and training of teachers, implementation of a curriculum, and physical characteristics of the environment and materials available.

Child Care

Research has shown that child care quality has important implications for child development (as noted by Marsh, 2002). In light of such research, the County Partnerships' efforts to improve the quality of child care in their counties are noteworthy. The approaches used by the Partnerships appear to be innovative, and innovation was necessary because little research has been conducted on the best ways to improve child care quality. The Partnerships' strategies therefore represent pioneering efforts in improving a state's child care quality.

Quality enhancement efforts within counties enrolled many more center-based child care providers than other types of child care providers. In addition, County Partnerships appear to have enrolled child care providers in the middle range of the quality spectrum. County Partnerships' efforts to engage other child care providers, including home-based providers as well as providers below the level of ABC Enhanced, could be strengthened.

Most of the child care providers who received quality enhancement grants in this early period of program implementation chose to use the funds awarded to them to buy equipment and supplies. This was an appropriate first step. However, there are other elements of quality that the Partnerships should target as well. Pioneering efforts within several counties suggest that it may be helpful to follow a sequence of steps in improving child care quality. Once a relationship is established with a child care provider, other elements of quality can gradually be addressed (from working on an adequate supply of play and educational materials, to focusing on subdividing space into activity areas, to consideration of curricula and activities, to improving caregivers' interactions with children). It would be helpful to explore further both the key elements and sequencing of these elements in child care quality initiatives.

According to best practice information, an extremely important aspect of child care quality is child-staff ratio, particularly for infants and toddlers (Marsh, 2002). However, none of the Partnerships addressed child-staff ratio. While child-staff ratio is very expensive to improve, County Partnerships should explore ways to address it among child care providers with ratios that far exceed recommended levels and who are not participating in quality enhancement initiatives that address group size and ratios (such as working towards accreditation; Marsh, 2002). It would be an important contribution to the field to carry out a systematic evaluation of outcomes (in terms of child care quality and children's development) when the ratio is or is not improved in settings needing such improvement.

According to Program Effectiveness Reports (PERs), plans for quality enhancement initiatives tended to be formulated with greater specificity when County Partnerships hired or contracted with child care experts to run their programs. The PERs for most of those counties contained clear plans for the amount of technical assistance and monitoring each grantee was to receive (e.g., the number of site visits, the number of hours), as well as expectations for grantees' improvements. Grantees were also required and helped to develop clear plans for improvements. It is recommended that quality enhancement strategies be implemented under the guidance of an individual with expertise in early childhood development and child care. It should be noted that some Executive Directors have such backgrounds.

It is extremely important for Partnerships to monitor child care providers' progress as they participate in quality enhancement initiatives. Partnerships' monitoring activities were highly variable across the counties in fiscal year 2001-02. This is understandable given that it generally took longer than expected for Partnerships to implement their quality enhancement programs, and many of them had been in place for less than six months by June 30, 2002. Many Partnerships did not have time to fully develop their programs, including strategies for monitoring progress. In the future, monitoring of quality enhancement efforts and accomplishments will be essential.

In terms of caregiver training and education, research indicates that caregivers' level of education and training are important predictors of the quality of care they provide, as well as the developmental outcomes of the children in their care (Marsh, 2002). Therefore, County Partnerships that chose to address the education and training of their counties' child care workforce indeed chose a promising strategy to improve the overall quality of child care. Recommendations regarding ways to strengthen these efforts focus on the distinction between training (such as workshops on specific issues such as early literacy or health and safety in child care), and formal education (obtaining certification, an AA degree, BA, or further education) with a focus on early childhood development or education.

Most of the counties with stand-alone training programs (that is, open to all of the child care providers in the county regardless of their participation in the Partnership's quality enhancement initiative) offered workshops, oftentimes certified by Department of Social Services. Child care providers were able to choose which workshops to attend. In some counties, only a small proportion of the caregivers attended more than one workshop. Only two counties offered something more formal by collaborating with the T.E.A.C.H. program. According to best practice information (Marsh, 2002), Partnerships should also try to focus on formal education, even though such an effort might be more time-consuming and expensive than offering workshops. Caregivers should be encouraged to obtain a higher level of training and a degree rather than participating in a single workshop.

Marsh (2002) notes that pairing training with mentoring would provide a way for what is learned in training sessions or formal education to be reinforced by child care experts in the settings in which lessons should be applied. This might be a way to strengthen training initiatives and ensure that new knowledge is put into practice.

County Partnerships should track attendance information for child care training and education efforts more carefully. Few of the PERs contained attendance information, and when the information was included, an overall count was given for the total attendance across multiple sessions, without including information on the number of caregivers who attended more than one session. In the future, Partnerships should track the number in attendance at each session, as well as the total number of caregivers served in the county (that is, they need to keep track of the number of caregivers who attended more than one session). Partnerships should also keep track of the average number of hours of training completed by caregivers and the characteristics of caregivers participating.

By providing scholarships for children from low-income families, County Partnerships alleviated some of the financial burden facing those families. The Partnerships also required children to be enrolled in facilities that were ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or attempting to become ABC Enhanced, thereby ensuring that at-risk children received child care meeting or working to meet specific child care quality requirements. These important efforts to extend access to child care can be strengthened in the future in a number of ways:

- Fewer children received scholarships than Partnerships had intended. This may be a reflection of the recency with which these programs were launched. Fiscal year 2002-03 may show a closer correspondence between scholarships planned and provided. This and other possible bases for the difference between planned and provided scholarships should be examined to assure that efforts such as more intensive outreach are not needed.
- It would be helpful to track the development over time of children whose families used child care scholarships in light of the quality of care they received. An important question is whether school readiness differs when children attend programs with accreditation as opposed to lower quality levels.
- Marsh (2002) points out that First Steps funded child care scholarships might have a long-term, indirect effect on child care quality. Because scholarships can only be

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used in ABC Enhanced or equivalent facilities, or in facilities attempting to become ABC Enhanced, more child care providers throughout the state might begin to see an added benefit to becoming ABC Enhanced. Whether or not this unintended positive consequence actually occurs is something that should be monitored by County Partnerships.

Parenting and Family Strengthening

Surveys of parents participating in First Steps programs indicate a belief that strengthening parenting is important to supporting children's school readiness. First Steps efforts to strengthen families and parenting are also in accord with research on the importance of a positive, consistent relationship between a child and primary caregiver (National Research Council and Institute of Medicine, 2000). Specifically, healthy and supportive parent-child relationships encourage children to explore and learn from the environment, transmit cultural values and social norms, foster the development of secure attachment relationships with other individuals, and permit the development of cooperation and independence. Indeed, this research supports the concept that "parents are a child's first teacher" (National Education Goals Panel, 1997) and suggests that supporting parents in their role as caregivers is critical to children and to school readiness.

While the emphasis on parenting and family strengthening within First Steps is in accord with parents' priorities within the state and with research on the importance of early relationships, the evidence on best practices in this area is cautionary in two ways. First, it suggests that high parent engagement, close adherence to program models, and strong staff qualifications are all needed for parenting and family strengthening programs to show positive effects on parenting behavior. Second, the existing research suggests that such programs, even when strong in terms of dosage, training, fidelity to model and parent engagement, in themselves are likely to have only modest effects on children's development. They may need to be combined with program elements directly providing services to children (such as high quality early care and education programs) in order to influence children's school readiness to a significant degree. The evidence also points to the need to match family risk level with appropriate program models, so that higher risk families receive a more intensive approach.

At the same time, parenting education and family strengthening programs may have significant effects in ways other than strengthening parenting behavior. In isolated rural communities or for families in other communities who are nevertheless isolated, these programs may provide critical social supports. Parent educators may identify problems with children's development or family functioning and refer families to needed services. Parent educators may also identify and help prevent risk for serious problems within families, such as child neglect or abuse.

Based on national reviews of the literature on parenting support programs, it appears that to maximize the effects of these programs for families and children in South Carolina, it will be important to address a series of implementation and quality issues. In particular, it will be important to focus on the following:

- Some programs had very effective recruitment efforts, which usually combined multiple approaches (e.g., word of mouth, distribution of written materials, public speaking engagements or service announcements, and referrals from agencies). However, other programs had limited recruitment efforts, or did not adequately target their recruitment to the specialized population they wished to reach. A recommendation is to employ multiple recruitment strategies whenever possible. Additionally, if programs were intended for a specialized population, recruitment efforts should be tailored to that population.

Conclusion: Challenges and Recommendations

- Best practice suggests that hard-to-serve and vulnerable populations need services directly tailored to their needs in order to be effective. According to the Program Effectiveness Reports, the populations within South Carolina that are most in need of specialized services are first-time parents, single parents, teen parents, parents with low literacy and/or low educational attainment, and the growing Hispanic community. Almost all of the parenting/family strengthening programs funded by County Partnerships included these groups among the many they attempted to engage in their programs. At the same time, most of the programs were open to all families who wished to participate on a first come, first served basis. A recommendation would be to provide certain universal services that are beneficial to all families, but at the same time increase the number of programs that are specifically tailored to meet the needs of first-time parents, single parents, teen parents, and Hispanic parents.
- It should be acknowledged that many of these risk factors co-occur in families (e.g., first-time, single teen parents), and that poverty and low education typically co-occur with other risk factors. If programs are designed for families with multiple risk factors, best practice recommends that the services be intensive and comprehensive.
- Research indicates that a program's effectiveness is largely dependent upon family engagement; knowing the amount of services a family receives (i.e., the dosage) is one way of monitoring engagement. Programs should establish and maintain an accurate record of how many services an individual family is receiving, and in what amount they are receiving them (e.g., how many home visits per month, how many group meetings per month, how many service referrals, how many books received, etc.). Programs should also maintain records of when or if families dropped out of and/or re-entered the program.
- Research indicates that at-risk families should receive more intensive and comprehensive services. Therefore, knowing the frequency of services (i.e., the intensity) received by families is important. Currently, there is a lack of record-keeping with regard to intensity of services delivered to particular families. Programs should establish and maintain an accurate record of the frequency of services provided to individual families (e.g., how many home visits were completed per month, how many "no shows" per month, etc.).
- Best practice suggests hiring professional staff, if possible. The majority of parenting/family strengthening programs in South Carolina employed paraprofessionals to deliver services to both parents and children. The educational background and past experience of home visiting staff was highly variable both across and within programs, and the qualifications of child care staff was often unreported for Family Literacy programs. However, programs that employed a national program model were generally successful in securing full training and certification of staff prior to staff interacting with clients. Some programs had difficulties hiring qualified staff and/or training staff prior to the start of the program; these programs were usually in more rural locations that had a limited pool of qualified applicants and/or limited access to training services. Furthermore, programs that attempted to serve Spanish-speaking clients often had difficulty finding qualified bilingual staff. As First Steps moves toward a greater focus on program quality, assistance from the

state office in locating qualified staff would be helpful.

- As part of its increasing focus on program quality, First Steps should consider how program fidelity should be addressed. At present, only a small proportion of programs reported external monitoring, and the nature of the monitoring was not entirely clear. If Executive Directors are to fill the role of program monitoring, they should receive adequate training in the program models and their elements.
- Although none of the parenting/family strengthening programs were far enough along in their implementation to warrant gathering information on child outcomes, in the future it will be important to collect parenting data as well as child outcome data for program participants. A recommendation here is to request expert input into a set of appropriate outcome measures with well-established reliability and validity for use in First Steps programs to measure both parent and child outcomes.
- Best practice findings indicate that effects on children's cognitive and social development are best achieved through direct, high-quality services to children, in combination with parent education and involvement. Currently, parenting/family strengthening programs and child care service providers collaborate mainly at the level of providing referrals to each others' services. Child care offered within Family Literacy models often was available only when parents were engaged in educational classes or job training. A recommendation would be to strengthen the linkages between services to provide children with high quality child care and early education, and to provide parents with parent education, vocational training, or other support services. Ideally, parental involvement in children's high quality child care settings is recommended.

In addition, there were very few programs specifically focused on delivering services to fathers (both resident and nonresident) or grandparents who are primary caregivers. Improving the services available to fathers and grandparents (as well as other caregivers), where the local community feels this is a need, is an additional recommendation.

Providing families with referrals to additional social services is an integral part of several prominent parenting programs. Currently, many parent educators are required to create their own connections with service agencies and develop their own list of referral resources for families. Creating a comprehensive directory of services for the community for each county should be a priority.

Health

Implementing health strategies within First Steps posed multiple challenges. A number of counties were unable to implement planned programs, and programs that were implemented sometimes took longer to start than was expected because of challenges. These challenges included supplantation concerns, difficulties locating eligible populations, difficulties arranging letters of cooperation from partners, and difficulties in recruiting qualified staff. Assistance from local offices of the Department of Health and Environmental Control (DHEC) was often instrumental in addressing these challenges. For example, DHEC helped some First Steps counties deal with supplantation issues by screening potential clients and referring to appropriate services. The following recommendations may improve the implementation of the First Steps health strategies.

- The First Steps initiative may want to carry out a review at the state level of the health-related needs of young children that are most important and also that are feasible for this initiative to address.
- It might be productive for the Office of First Steps to conduct training to help counties identify what is feasible regard-

ing health strategies, given supplantation concerns.
- Collaboration with DHEC on efforts at the county as well as state level are important. Joint efforts should be made to identify services that First Steps could offer that are not currently being offered by DHEC. One possibility is expanding programs focusing on dental care.
- Counties that have successfully implemented health strategies should share lessons learned with other counties.

Looking Across Program Types

In its first years of implementation, First Steps tended to fund programs that relied on existing infrastructures for delivering services. For example, a substantial portion of the programs were implemented through the Department of Education (e.g., 4K and parent education programs). This may, in part, have reflected time pressure: the need to turn to program implementation after the period of about two years that it took to build First Steps administrative structures. A key issue for First Steps to address is whether it is now desirable to extend the scope of program efforts, taking the time and developing the expertise needed to implement programs beyond these existing structures.

A counterbalancing theme is that counties have also undertaken pioneering efforts and implemented important innovations. The County Partnerships have sometimes acted as laboratories to explore new approaches. Mechanisms are needed to share experiences across counties so that what has been learned from such efforts in one county can inform efforts in others. Executive Directors frequently requested formats in which they could learn from each other. First Steps should develop regional or state formats for peer learning.

Making Further Progress in Terms of Data Reporting and Evaluation

Different facets of data collection within First Steps parallel the components of a logic model.

- Data are being collected to track "inputs" (the resources allocated to different aspects of the initiative);
- Data are being collected to track "activities" of the initiative (the implementation of specific First Steps programs as well as the effectiveness of administrative structures within First Steps);
- Data are being collected to track "outputs" (the number of children and families actually served in First Steps programs); and
- In the future, data will also be collected on "outcomes": (measures of how children and families are affected by participation in First Steps programs).

In general, the challenges associated with data collection within First Steps increase as one progresses from inputs to outcomes. A highly effective data system tracks First Steps fiscal inputs through the Universal Management System. As noted in the Fiscal Information chapter, data can be analyzed by county, by type of program, and by the specific nature of the spending.

In terms of tracking activities, 350 of the 351 programs funded in fiscal year 2001-02 have been documented using a Program Effectiveness Report. On the one hand, it is a major accomplishment to have information on the implementation of nearly all First Steps programs, and as can be seen throughout this report, the information is extremely illuminating. Collection of these Program Effectiveness Reports was a strenuous process involving staff from the Institute for Families in Society of the University of South Carolina, First Steps Executive Directors and other staff, and program vendors. While data collection covered nearly every program, numerous challenges were faced. Data elements were not defined (detailed specifications were not developed) in advance so information could be recorded in a consistent manner. Executive Directors and vendors were not informed substantially in advance of this data reporting requirement, and sometimes had difficulty allocating the necessary time to complete the Program Effectiveness Reports (given competing demands) and assembling the necessary information.

Data concerning the number of children and families actually served by First Steps programs are not yet available. The present evaluation report has not been able to provide an overall summary of those served (although such numbers are possible to report for specific programs, especially early elementary programs). A pilot attempt to report reliable count data at the end of the last fiscal year did not result in usable data, but did provide a needed opportunity to provide training and develop reporting templates and specifications. A system for the reporting of "counts" is now in the field. Extensive efforts have gone into piloting, training and creating data reporting specifications for this new system. Vendors have been informed of the requirement that they participate in ongoing data reporting in their contracts for the new fiscal year, and will be better able to anticipate the information required of them. Although the new system was launched a bit later than anticipated, it is expected that usable count data will begin to be available in the near future. This should be monitored carefully.

Outcome data have not yet been collected. This is appropriate, given that First Steps programs had generally been implemented for less than a year at the end of June 2002. It is inappropriate to measure program effects with programs that are still working out early implementation issues. However, it will be critical to collect and report on child and family outcomes for the 2006 evaluation of First Steps.

This section will note challenges and recommendations specific to ongoing data collection regarding First Steps activities and outputs. While the system for documenting allocation of fiscal resources is working well, challenges still need to be confronted for collection of data on activities and outputs. This section concludes with recommendations regarding the documentation of child and family outcomes in the future.

Challenges

Many Executive Directors reported that information the Office of First Steps sent to their counties on the data collection process was insufficient. Counties also felt that they had received conflicting or incomplete information about the data collection process and that the procedures and requirements were changed midstream.

Several parties involved in the data collection effort reported that the process needs to be better integrated. There are too many different groups collecting data; as a result, programs and counties may be getting conflicting information and experiencing competing demands.

The timing of data reporting is important. In the 2001-02 fiscal year, the data reporting deadlines often coincided with other deadlines (e.g., renewal application). This often meant that data reporting was pushed aside in order to meet other deadlines that were perceived as more urgent.

It was an important step that Executive Directors were able to specify data reporting requirements in contracts with vendors for the new fiscal year (2002-03). However, after telling vendors that they could anticipate the specifics of the new data reporting system at the end of the summer of 2002, it was problematic that these reporting requirements were delayed. Specifications have now been provided, but the delay was problematic.

Overall, 41 percent of Executive Directors felt that the data reporting requirements were hard to fulfill, and close to half (49 percent) felt the data requests took up too much of their time.

However, the vast majority (93 percent) felt that the data their office collected were informative for their counties. In addition, the counties have moved forward in developing and acquiring the skills, infrastructure and procedures that are needed for data collection and evaluative efforts. By the summer of 2002, close to three quarters (73 percent) had a data collection system in place. A small number of counties, however, were still struggling and felt they needed further help to get a system in place that could track the number of children in their county served by First Steps and the nature of services.

Steps Now In Progress to Address These Challenges and Further Steps Needed

The Office of Research and Statistics has developed new data templates for collecting counts of families and children served on a monthly basis in each county.

With the guidance of the Office of First Steps, the Office of Research and Statistics has provided one-on-one training to each of the 46 county Executive Directors on how to use the data templates. In addition, a data transfer procedure has been established in each of the counties. The Office of First Steps plans to hold quarterly Executive Director training sessions, which will include further instruction with the goal of refining the data collection system and enhancing the data collection and reporting skills of Executive Directors.

The Office of First Steps and Office of Research and Statistics have worked together to reduce the number of competing requirements. Moreover, in order to reduce the data reporting burden on vendors and Executive Directors, and focus data collection efforts on data elements that are key to tracking programs and evaluating their progress, the data-reporting template has been streamlined.

The Office of First Steps has worked to specify the data elements that will need to be collected for each program in advance, thereby eliminating the element of surprise that counties had previously noted.

The data collection tool (i.e., Excel spreadsheets) has been improved and now includes both protective guards that preclude counties or vendors from changing fields, thereby increasing standardization, and data validation checkpoints that will reduce, and possibly eliminate, contradictory or incomplete estimates.

In order to ensure consistency in the data collected by counties, a question-by-question specification still needs to be developed. For example, it was unclear to many involved in the data collection process how basic concepts such as the number of children enrolled in a program or attendance should be defined.

A decision needs to be made as to whether a Program Effectiveness Report (PER) will continue to be collected for each First Steps funded program. The PERs were a valuable resource for this evaluation, and it is our recommendation that PERs continue to be collected annually. However, just as the monthly reporting of counts has had to be carefully reviewed and streamlined, efforts are needed to streamline and abbreviate the existing PER forms. The expertise of the Effective Practice Experts, staff at the Institute for Families in Society at the University of South Carolina, and the experience of Child Trends in reviewing the PERs should be tapped in this process.

Looking Toward an Outcome Evaluation

Given severe budgetary constraints, an initial plan to collect direct child assessment data for a systematic sample of children in South Carolina entering kindergarten in 2003 and then again in 2005, no longer seems feasible. Questions have been raised about the use of data from the South Carolina Readiness Assessment (SCRA), an adaptation of the Work Sampling System, with the adaptation based on extensive pilot work within the state, for reporting on outcomes of First Steps.

Work Sampling involves ongoing profiling of children's work by teachers based on progress within the classroom on a daily basis, as well as periodic ratings of their progress. Rather than assessments, teachers rate children's ongoing behavior and progress in the classroom context. Data from the SCRA version of Work Sampling are being collected for every child participating in public kindergarten classrooms.

The purpose of data gathered using the Work Sampling System is to inform and improve instruction for individual children as well as to provide an in-depth view of children's progress for parents. The Work Sampling System was not developed for purposes of program accountability. Significant questions remain about the reliability of data collected using such an assessment approach. In the documentation on the SCRA, for example, limited information on reliability is reported on. While evidence is available from a number of studies regarding the validity of Work Sampling, the basis for judging reliability (especially interrater reliability, the agreement by differing teachers or other observers of the same child) is very limited. Further, other states that have chosen to rely on similar ongoing profiles of children's progress for state data reporting have encountered serious problems of lack of agreement across different teachers or observers of the same child (Zaslow & Halle, in press).

It is the recommendation of this evaluation that the state should engage in careful review of the issue of reliability, and especially interrater reliability, before relying upon data from the SCRA for a purpose other than informing individual instruction, the purpose for which the measure was developed. One strategy that could be considered is sampling a set of kindergarten classrooms across the state (so as to be representative of the state), and providing extensive training to teachers in these classrooms so that they reach and then maintain a criterion of interrater reliability on the SCRA ratings. This would have the added benefit of providing a resource to other teachers within those schools on issues relating to completion of the SCRA. Caution should be used in relying upon data from the SCRA without such steps to assure interrater reliability.

Finally, the First Steps legislation called for ongoing tracking of a system of indicators on the development of young children within the state. At the time of this evaluation, only two of the nine indicators called for in the legislation are being tracked on an ongoing basis (immunization and low birthweight). Extending the collection of indicator data to fulfill the legislative requirements is an essential goal for the 2006 evaluation. In addition, a group of 17 states has been working on developing and specifying indicators of school readiness for collection on a regular basis. South Carolina could request information from this project (http://getting ready.org), and determine if any further data collection with indicators would help to track school readiness on a state basis.

Strengthening Administrative Procedures Within First Steps

The Office of First Steps has engaged in major efforts to improve the administration of First Steps at the county level, including providing substantial training to County Partnership Boards, and putting into place a system of Technical Assistants to provide information and assistance on an ongoing basis. Further steps can be taken to build on these important accomplishments.

For example, as noted in the Fiscal Information chapter, a procedures manual developed for the Universal Management System was detailed and extremely useful. There is a need for similar procedures manuals for other aspects of program administration. Manuals focusing on the preparation of requests for proposals, the preparation of contracts, completing necessary procedures if a contract award is protested, interviewing and hiring staff, conducting site visits and monitoring programs, and the elements of program quality would all be extremely useful. They would help standardize administrative practices across the counties.

At present, the Technical Assistant staff members at the Office of First Steps are assigned to specific counties, and are expected to be "generalists," providing all needed information and resources to these counties. Yet Technical Assistants vary in their expertise on specific topics. There is a need for individual Technical Assistants to identify areas of expertise they would like to strengthen, and to receive training in these areas. Identifying specific Technical Assistants as the source of information for specific issues (such as the completion of contracts) is another possible approach, but one that would mean the individual Technical Assistants would no longer be the single major point of contact for counties. This could pose further problems. The Office of First Steps should explore the most efficient ways to maintain the structure of communication between Technical Assistants and counties, but draw upon expertise of individuals in particular aspects of administrative functioning.

County Partnership Boards are showing some limited signs of diminution in participation. This occurred particularly after Executive Directors were hired, and may have been a "fatigue" response to the heavy responsibilities that Board members were completing on a volunteer basis. Participation of Board members should be monitored to determine if this is an ongoing or temporary issue.

It has proven difficult for County Partnership Boards to maintain participation from parent representatives and from representatives from the transportation sector. Strategies for addressing these participation issues should be explored. For example, it is possible that parent representatives would benefit from training specifically in effective board participation. Parent representatives from counties who are particularly effective could meet with those from other counties to share experiences and strategies for participation. Different possibilities would need to be explored for representatives from the transportation sector.

First Steps has undertaken a number of activities at both the state and county level involving outreach to Hispanic families with young children. A number of challenges remain in effective programming for this group of families. For example, it has proven difficult for counties to locate bilingual staff for parenting programs. The Office of First Steps should explore options for addressing these issues.

Reviewing Spending Per Child as a Key Component of What Can Be Accomplished

This report indicates that meaningful first steps have been taken in the First Steps initiative to support children's readiness for school. Yet at the same time it has been noted that further steps need to be taken to strengthen the initiative. Adequate resources will be needed to sustain First Steps' efforts and to move forward in terms of strengthening the quality of programs, data collection, and administration of the initiative.

It has been noted in this report that spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. As detailed in the chapter providing an overview of fiscal information in this report, in fiscal year 2000-01, Smart Start in North Carolina spent nearly $370 per child younger than six residing in the state in 2000, and over $2,110 per poor child younger than six (Smart Start, 2002; Bureau of Census, 2002b). In fiscal year 2000-01, using money provided by Proposition 10, California spent nearly $280 per child younger than six residing in the state in 2000, and approximately $1,410 per poor child younger than six (California Children and Families Commission, 2002; U.S. Bureau of the Census, 2002a).

In fiscal year 2001-02, if only county spending is included, First Steps spent just over $120 per child younger than six residing in South Carolina as of 2000 (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a) and just over $620 per poor child (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a). If state Office of First Steps spending is included, spending rises to $131 per child and $662 per poor child.

A review of spending per young child in the state, and spending per child in poverty needs to be carried out in order to develop reasonable expectations for how First Steps can contribute to children's school readiness. Such a review will also be important in determining what can be accomplished in strengthening the First Steps initiative in the ways noted above. Adequate resources are needed to sustain and strengthen the initiative and thereby to strengthen children's readiness for school.

Conclusion

First Steps has now put in place the administrative structures required by the legislation, and there is evidence that these are indeed fostering collaboration to strengthen services for young children and their families. First Steps has launched programs for young children and their families that address locally identified needs and are guided by best practice information. The First Steps initiative has continually worked to meet challenges in terms of strengthening training, data collection procedures, and administrative practices. This report provides recommendations that would permit First Steps, given adequate resources, to take further steps, continuing to strengthen programs and practices to foster the school readiness of children in South Carolina.

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Appendix

Appendix: Table 1

County	County Forum Dates	First County Board Meeting	Level One Submitted	Level One Approved	Level Two Submitted	Level Two Approved
Abbeville	Sept. 16, 1999	Dec. 2, 1999	Dec. 1999	Apr. 2000	May 31, 2001	July 11, 2001
Aiken	Aug. 31, 1999	Jan. 1, 2000	Jan. 2000	Apr. 2000	Feb. 21, 2001	Apr. 17, 2001
Allendale	Aug. 31, 1999	Dec. 6, 1999	Jan. 2000	Feb. 2000	Feb. 2, 2001	Mar. 14, 2001
Anderson	Sept. 7, 1999	Nov. 30. 1999	Nov. 1999	Dec. 1999	Nov. 17, 2000	Dec. 13, 2000
Bamberg	Sept. 21 1999	Dec. 7, 1999	May 2000	June 2000	Apr. 6, 2001	July 11, 2001
Barnwell	Sept. 28, 1999	Sept. 28, 1999	Jan. 2000	Feb. 2000	Missing	Sept. 13, 2000
Beaufort	Aug. 26, 1999	Jan. 8, 2000	Dec. 1999	Feb. 2000	Jan. 2, 2001	Feb. 15, 2001
Berkeley	Oct. 19, 1999	Dec. 9, 1999	Jan. 2000	May 2000	May 7, 2001	July 11, 2001
Calhoun	Sept. 23, 1999	Missing	Feb. 2000	Apr. 2000	May 3, 2001	July 11, 2001
Charleston	Nov. 9, 1999	Dec. 9, 1999	Feb. 2000	Apr. 2000	Apr. 5, 2001	July 11, 2001
Cherokee	Sept. 30, 1999	Nov. 4, 1999	Jan. 2000	Jul. 2000	Apr. 4, 2001	July 11, 2001
Chester	Sept. 23, 1999	Nov. 8, 1999 & Dec. 6, 1999	Mar. 2000	May 2000	May 29, 2001	July 11, 2001
Chesterfield	Sept. 23, 1999	Dec. 7, 1999	Mar. 2000	May 2000	Apr. 27, 2001	July 11, 2001
Clarendon	Sept. 9, 1999	Nov. 29, 1999	Nov. 1999	Dec. 1999	June 1, 2001	July 11, 2001
Colleton	Sept. 9, 1999	Nov. 30, 1999	Apr. 2000	July 2000	June 1, 2001	July 11, 2001
Darlington	Oct. 4, 1999	Nov. 22, 1999	Apr. 2000	June 2000	June 1, 2001	July 11, 2001
Dillon	Oct. 19, 1999	Nov. 30, 1999	Jan. 2000	Apr. 2000	June 1, 2001	July 11, 2001
Dorchester	Oct. 4,5,7 1999[1]	Nov. 23, 1999	Feb. 2000	July 2000	June 1, 2001	July 11, 2001
Edgefield	Sept. 2, 1999	Dec. 14, 1999	Feb. 2000	Apr. 2000	Mar. 2, 2001	Apr. 17, 2001
Fairfield	Sept. 23, 1999	Dec. 9, 1999	Mar. 2000	May 2000	Mar. 5, 2001	Apr. 17, 2001
Florence	Sept. 21, 1999	Nov. 8, 1999	Feb. 2000	Apr. 2000	Apr. 3, 2001	July 11, 2001
Georgetown	Sept. 21, 1999	Sept. 29, 1999	Nov. 1999	Jan. 2000	May 7, 2001	July 11, 2001
Greenville	Sept. 28, 1999	Dec. 14, 1999	Nov. 1999	Dec. 1999	Mar. 31, 2000	May 10, 2001
Greenwood	Sept. 16, 1999	Nov. 29, 1999	Dec. 1999	Apr. 2000[2]	Mar. 21, 2001	July 11, 2001
Hampton	Sept. 23, 1999	Dec. 7, 1999	Apr. 2000	June 2000	Apr. 30, 2001	July 11, 2001
Horry	Sept. 2, 1999	Nov. 16, 1999	Mar. 2000	May 2000	June 6, 2001 Sept. 10, '01[3]	July 11, 2001 Oct. 11, 2001
Jasper	Sept. 9, 1999	Dec. 8, 1999	May 2000	June 2000	Apr. 4, 2001	July 11, 2001
Kershaw	Oct. 19, 1999	Dec. 9, 1999	Feb. 2000	April 2000	Nov. 9, 2000	Dec. 13, 2000
Lancaster	Sept. 30, 1999	Nov. 30, 1999	Dec. 1999	Jan 2000	July 31, 2000	Sept. 13, 2000
Laurens	Aug. 24, 1999	Dec. 6, 1999	Jan. 2000	Apr. 2000	Nov. 22, 2000	Jan. 17, 2001
Lee	Aug. 31, 1999	Nov. 2, 1999	Mar. 2000	Apr. 2000	Jan. 29, 2001	Mar. 14, 2001
Lexington	Sept. 22, 1999	Nov. 16, 1999	Feb. 2000	June 2000	Mar. 7, 2001	Apr. 17, 2001
Marion	Sept. 30, 1999	Nov. 30, 1999	Feb. 2000	May 2000	May 3, 2001	July 11, 2001
Marlboro	Sept. 23, 1999	Nov. 18, 1999	Feb.2000 & Apr. 2000[4]	May 2000	May 4, 2001	July 11, 2001
McCormick	Sept. 9, 1999	Nov. 22, 1999	Nov. 1999	Jan. 2000	June 1, 2000	Aug. 1, 2000
Newberry	Oct. 5, 1999	Feb. 7, 2000	Jan. 2000	June 2000	Apr. 2, 2001	July 11, 2001
Oconee	Sept. 30, 1999	Dec. 2, 1999	Jan. 2000	Apr. 2000	Mar. 5, 2001	Apr. 17, 2001
Orangeburg	Sept. 21,23, 28, 30 1999[5]	Oct. 14, 1999	Jan. 2000	May 2000	June 1, 2001	July 11, 2001
Pickens	Sept. 14, 1999	Nov. 4, 1999	Feb. 2000	Apr. 2000	Dec. 4, 2000	Jan. 17, 2001
Richland	Sept. 21, 1999	Nov. 22, 1999	Nov. 1999	Jan 2000	July 31, 2000	Sept. 13, 2000
Saluda	Sept. 21, 1999	Dec. 7, 1999	Mar. 2000	May 2000	May 14, 2001	July 11, 2001
Spartanburg	Sept. 28, 1999	Nov. 2, 1999	Mar. 2000	May 2000	Feb. 2, 2001	Mar. 14, 2001
Sumter	Sept. 9, 1999	Nov. 4, 1999	Jan. 2000	June 2000	May 4, 2001	July 11, 2001
Union	Sept. 27, 1999	Nov. 15, 1999	Feb. 2000	Apr. 2000	Apr. 6, 2001	July 11, 2001
Williamsburg	Sept. 30, 1999	Nov. 11, 1999	Jan. 2000	Apr. 2000	June 1, 2001 Sept. 10, '01[6]	July 11, 2001 Oct. 11, 2001
York	Sept. 30, 1999	Nov. 29, 1999	Feb. 2000 signature Mar. 2000 receipt	May 2000	Apr. 30, 2001	July 11, 2001

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General Notes and Data Sources:

- This table was provided by the Office of First Steps.
- Full dates (the day, as well as the month and year) are given where available in records.
- County Forum Dates were checked against county Level One Applications.
- First County Board Meeting refers to the meeting at which the county adopted its by-laws. These dates were checked against certification records on file with the Office of First Steps.
- Level One Submitted refers to the date the county submitted its Level One application to the Office of First Steps. Board Chair signature dates and office stamps of dates received verified these data.
- Level One Approved refers to the date the Applications/Grants Committee approved Level One Application grants.
- Level Two Submitted was verified by Office of First Steps date stamps on application copies.
- Level Two Approved dates were verified by the State Board of Trustees Timeline. This timeline is a synopsis of decisions at State Board meetings.

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[1] Dorchester County held more than one community forum, to assure that citizens in different parts of the county had an opportunity to participate.

[2] Greenwood County's original Level One Application requested $37,684.00. The county subsequently requested $12,316.00 in September 2000. The request was approved, and the award was amended. The Status of Level One Grant Applications document shows what other counties amended their requests, the approval dates of requests, and the full amount awarded to the county.

[3] Horry County's Level Two Applications were partially approved in July 2000. The county was required to revise and resubmit portions of their applications in order to receive additional monies. The subsequent submission and approval dates are listed in the table.

[4] There are two date stamps on the Marlboro Level One Application. The Board Chair signature is dated February 22.

[5] Orangeburg County held more than one community forum, to assure that citizens in different parts of the county had an opportunity to participate.

[6] Williamsburg County's Level Two Applications were partially approved in July 2000. The county was required to revise and resubmit portions of their applications in order to receive additional monies. The subsequent submission and approval dates are listed in the table.

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Appendix: Table 2

	Data Collection Efforts	Goal	How Collected	Sample
Interviews and Site Visits	Executive Director (ED) Interviews	To gather information about goals, accomplishments, challenges, programs, and next steps from each ED on their county	Child Trends conducted telephone interviews with all 46 EDs between May and August 2002. A detailed interview protocol was developed.	s sample is comprised of 46 EDs.
	State Board of Trustees Interviews	To obtai n the perspective of seven Board members about the history, current state, and future of the First Steps initiative and programs. Some State Staff who were interviewed during the May 2002 site visit are also members of the Board.	Child Trends conducted t elephone interviews with seven of the Board members during October 2002. An interview protocol was developed. The three person committee was instrumental in helping to identify members to interview.	The sample is comprised of seven out of 33 Board members. The members differed by home county, who appointed them and which subcommittee they served on.
	OFS Technical Assistant (TA) Interviews	To learn about TAs' work with EDs and County Partnerships. Questions included the role of the TA, their work with counties, board membership, and participation.	All six TAs were interviewed at the Office of First Steps during May 2002. A detailed interview protocol was developed.	The sample was comprised of all six TAs.
	County program visits	To visit a range of First Steps programs across South Carolina and meet with several EDs, program director(s), and program staff, if possible, to get an understanding of a range of different programs through interviews and observations.	Child Trends' site visits took place during September 2002, across the state. Seventeen counties were visited. Programs visited included three 4K programs, four child care programs, four parenting programs, three health programs, and four "other" programs (transportation and library progra ms). Each interviewer had an observation guide (which noted key things to observe) and an interview guide (which included topics such as accomplishments and challenges). The Three Person Panel was instrumental in approving the guides.	The sample was comp rised of program directors, staff and EDs of 23 different programs in 17 different counties across South Carolina. Child Trends was careful to include programs from every region. The Three Person Panel was instrumental in reviewing the chosen sites and su ggesting others that should be included.
	State staff visits	To learn about different aspects of the First Steps initiative by meeting and interviewing Office of First Steps (OFS) staff, state officials, members of the Governor's staff, and non profit s taff, and by observing a Board meeting.	Interviews were conducted in person with OFS staff (including Marie Louise Ramsdale, Rita Paul and Felder Lampert), state officials, members of the Governor's staff, and non profit staff during the May 2002 site v isit. An interview protocol was designed for each group. Four Child Trends staff members conducted the interviews, and also observed a Board meeting and Board subcommittee meetings.	The sample was comprised of 15 individuals (state officials, OFS staff, members of the Governor's staff, and non profit organizations).
Surveys	Technical Assistant (TA) Survey	To survey TAs about their work with county Executive Directors and County Partnership Boards. The survey included such questions as how many coun ty Board meetings the TA had attended and how many hours per week the TA worked with their counties.	All six TAs completed a self report survey during the May 2002 site visit.	The sample consisted of all six TAs.
	Family Satisfaction Survey	To survey p arents of children in 4K (First Steps funded and non -First Steps funded); 5K; First Steps funded parenting programs, and child care programs. The survey elicited parents' reactions to the programs and their perspectives on the most important issues facing their families.	The survey was sent to the County Partnerships by the Office of First Steps and William Preston & Associates during the spring of 2002.	In total, parents returned 7,967 surveys. For First Steps funded 4K, 1,433 surveys were returned f rom 41 counties. For First Steps funded parenting programs, 1,807 surveys were returned from 44 counties. One county distributed the survey to parents in child care programs involved with First Steps. 233 surveys were returned.
	County Partnership B oard Surveys	To survey each board member of all 46 County Partnership Boards and elicit their thoughts on their participation, their duties and responsibilities, and their Board's relationship with the Office of First Steps.	The Office of First Steps sent the survey to the County Partnership Board members in June July 2002. Earlier surveys were collected in 2000 and 2001.	911 Board County Partnership Board members returned the survey in 2002.
Program Profiles	Program Effectiveness Reports (PERs)	To describe the early implementation of each First Steps funded program.	Planning, Implementation, and Evaluation (PIE) Consultants (from the Institute for Families in Society at the University of South Carolina) worked with Executive Directors in each county or the vendor of individual programs to gather information outlined in the PER reporting form (e.g., fidelity of implementation, dates of service). The information for the PERs was gathered between May and October 2002.	PERs were completed for 350 of the 351 First Steps funded programs.
Other Data	Indicators Data	The data describe families with young children in each of the 46 counties and the state as a whole. For example, these data provided counts of families with children under the age of six and the breakdown of children under the age of five living in poverty.	The Office of Research and Statistics compiled these data from census data, Kids Count data, and state administrative data.	The indicators data reflect numbers for the entire population in a county or the state.
	Fiscal Data	The data reflect spending at the county and state level.	The data were collected and compiled through the Office of First Steps Fiscal Reporting System.	Fiscal data are reported at the county and state level.

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Source	Description
Effective Practices Experts (EPE) Reports (2002)	Six papers were written on child care, community collaboration, early education, family strengthening and parenting education, health care, and the Program Effective Report (PER) process, as resources for the 2003 evaluation of the First Steps initiative. Each provides a literature review on effective practices, an examination of the programs used in South Carolina, and lessons learned and recommendations. In addition, the EPE report on the PER process gives the background, purpose, and method of the PER process, as well as a breakdown of the PERs completed and not completed for each county.
Annual Reports to the General Assembly (2000, 2001, and 2002)	These reports outline the activities of First Steps during each fiscal year. They give information on county status, technical assistance activities, fiscal accountability operations, evaluation activities, special state-level initiatives, and coordinating First Steps activities with other agencies.
County Annual Reports (2002)	These reports give an overview, for each county, of First Steps program strategies, recommendations for changes, and information on the County Partnership Boards.
Renewal Applications (2002)	The County Renewal Applications include information on the County Partnership Board, collaborations within the county, implemented strategies and new strategies, and the budget-spending plan.
Strategic Plan for First Steps (2000)	The First Steps State Strategic Plan outlines the vision, mission, goals, and objectives of the First Steps initiative. It also includes the implementation guide to the First Steps State Strategic plan.
Timelines for the Board of Trustees and committees	These documents outline the timeline of activities, such as the dates Level One and Level Two grants were approved.
Level Two Application Reviews (2002)	The Level Two Application Reviews include an overview of the external review process for the Level Two Applications, as well as recommendations from the external review team regarding each county application.
First Steps Fiscal Accountability System, Program Income Statement, fiscal year 2002	This document outlines the First Steps program income statement for fiscal year 2001-2002.
First Steps Fiscal Accountability System, Spending Plan, Budget Summary, fiscal year 2002	This document outlines the spending plan and budget summary for the First Steps initiative at the state and county level.
Holmes, A. B. (2002). *First Steps history*. Paper written for Child Trends.	This paper outlines the history of the First Steps initiative, beginning with efforts that occurred before First Steps was implemented. The paper talks about the legislative sessions to pass the SC First Steps to School Readiness Act, how the Office of First Steps began and grew, and the different phases of First Steps' implementation (creating the Board of Trustees, the Office of First Steps, and the County Partnership Boards).
Holmes, A. B. (2002). *Application of the logic model*. Paper written for Child Trends.	This paper outlines the conceptual model adopted by the First Steps initiative and how it was applied through the training of the County Partnership Boards and the Program Implementation Evaluation process, but never fully used in planning, decision-making, and program evaluation.
Holmes, A. B. (2002). *Statutory requirements*. Paper written for Child Trends.	This paper outlines the statutory requirements of the South Carolina First Steps to School Readiness Act of 1999.
South Carolina Department of Health and Environmental Control (2002). *Healthy people living in healthy communities: A report on the health of South Carolina's people and environment 2002*	This report highlights the activities the Department of Health and Environmental Control (DHEC) has undertaken to improve the health and environment of the state of South Carolina. The report reflects agency goals and some of the issues and challenges that DHEC needs to address in order to achieve its goals.
Yao, W., Snyder, C., Burnett, D., Lindsay, S., & Tenenbaum, I. M. (2000). *A longitudinal research report on the Early Childhood Development Program. The Half Day Child Development Program for four-year-olds, 1997-98*. Columbia, SC: Office of Research and Statistics, South Carolina Department of Education.	This report examines whether students in a 1997-98 half-day early childhood development program were equally or more ready for first grade when compared to a sample of similar South Carolina students not in a half-day early childhood development program.
McKenzie, P. N., & Witherspoon, A. (2002). *Summer Readiness Program evaluation report*. Report submitted to Lancaster County First Steps by Lancaster County School District, Office of Research & Development.	Outlines the impact of the summer readiness program in Lancaster County.
Evaluation Section, Office of Research, South Carolina Department of Education, & Tenenbaum (2002). *What is the penny buying for South Carolina? Child development programs for four-year-olds: Student and program characteristics, longitudinal study of academic achievement, and current parent perceptions*	This report outlines the characteristics of child development programs and students, the academic achievement of child development students over time, and the perceptions of the parents of the children enrolled in child development programs.

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Appendix: Table 4

Total Spending on First Steps and Components of Spending, FY 2002

State Office of First Steps	FY 2000	FY 2001	FY 2002
Classified positions	$ 172,875	$ 392,139	$ 549,783
Unclassified positions	$ 52,792	$ 81,000	$ 83,430
Employer contributions	$ 58,852	$ 127,496	$ 179,132
Other personal service	$ 114,440	$ 156,122	$ 117,952
Board of Trustees per diem	$ -		$ 4,620
Contractual Service - Administration	$ 824,093	$ 780,350	$ 637,501
Contractual Service - Program	$ -		$ 675,387
Supplies	$ 38,249	$ 93,523	$ 39,312
Fixed charges	$ 90,336	$ 83,807	$ 120,563
Travel	$ 37,089	$ 63,402	$ 35,956
Equipment	$ 57,796	$ 22,041	$ 13,578
Total state spending	$ 1,446,523	$ 1,799,882	$ 2,457,214
Counties			
Level one spending	$ 766,745	$ 1,474,997	$ -
State allocation	$ -	$ 3,953,310	$ 30,593,371
State private contributions	$ -	na	$ 418,472
County cash match	$ -	na	$ 62,523
County in-kind match	$ -	na	$ 8,058,809
Federal cash match	$ -	na	$ 43,917
Total match	$ -	$ 490,118	$ 8,165,249
Level two spending	$ -	$ 4,443,428	$ 39,177,091
Total county spending	$ 766,745	$ 5,918,425	$ 39,177,091
Total First Steps spending	$ 2,213,268	$ 7,718,307	$ 41,634,305
State spending as % of Total	65.4%	23.3%	5.9%

Sources: Program Income and Expense Summary Report, FY 2001; First Steps Budget Summary and Financial Statement by Fiscal Year; State Office of First Steps, Level One Payments by County; and E-mail message received by Richard Wertheimer from Russell Brown, 12-18-02

Appendix: Table 5

Percentage of County First Steps Spending by Type of Program[1]

	Pending approval	Administrative	Programmatic functions	Parent education	Early education	Transportation	Child care	Health	Other	Total
Abbeville	0.0%	9.0%	28.9%	0.0%	55.4%	0.0%	4.4%	2.2%	0.0%	100%
Aiken	0.0%	6.5%	3.1%	11.8%	43.5%	0.0%	33.2%	0.9%	1.1%	100%
Allendale	0.0%	11.6%	13.8%	11.8%	38.4%	0.0%	9.1%	0.0%	15.3%	100%
Anderson	0.0%	6.8%	2.1%	30.2%	34.5%	0.0%	8.7%	6.9%	10.9%	100%
Bamberg	0.0%	13.8%	9.8%	37.5%	38.9%	0.0%	0.0%	0.0%	0.0%	100%
Barnwell	0.0%	6.9%	6.5%	66.2%	10.8%	0.0%	0.0%	8.3%	1.3%	100%
Beaufort	0.0%	7.4%	4.8%	0.0%	0.0%	0.0%	69.1%	6.8%	11.9%	100%
Berkeley	0.0%	11.5%	4.7%	22.1%	50.3%	0.0%	9.6%	1.9%	0.0%	100%
Calhoun	0.0%	13.1%	9.8%	34.7%	42.2%	0.0%	0.2%	0.0%	0.0%	100%
Charleston	0.0%	12.6%	5.0%	15.5%	54.9%	0.0%	8.3%	3.8%	0.0%	100%
Cherokee	0.0%	14.5%	4.3%	18.7%	41.7%	0.0%	20.8%	0.0%	0.0%	100%
Chester	0.0%	12.9%	1.2%	24.8%	22.8%	0.0%	38.3%	0.0%	0.0%	100%
Chesterfield	0.0%	11.5%	11.4%	4.0%	56.3%	0.0%	16.8%	0.0%	0.0%	100%
Clarendon	0.0%	13.1%	3.8%	6.3%	65.5%	0.0%	11.4%	0.0%	0.0%	100%
Colleton	0.0%	12.5%	3.4%	8.6%	67.9%	0.0%	7.6%	0.0%	0.0%	100%
Darlington	0.0%	9.8%	4.6%	0.0%	47.4%	0.0%	38.1%	0.0%	0.0%	100%
Dillon	0.0%	12.3%	11.6%	22.0%	34.0%	0.0%	17.1%	3.1%	0.0%	100%
Dorchester	0.0%	14.3%	5.4%	37.7%	27.9%	0.0%	14.7%	0.0%	0.0%	100%
Edgefield	0.0%	9.0%	3.2%	11.9%	68.9%	0.0%	3.0%	4.0%	0.0%	100%
Fairfield	0.0%	7.4%	13.2%	17.8%	31.5%	0.0%	20.8%	9.2%	0.0%	100%
Florence	0.0%	11.2%	5.2%	15.2%	49.2%	0.0%	15.6%	3.5%	0.0%	100%
Georgetown	0.0%	9.5%	5.7%	22.8%	55.2%	0.0%	6.8%	0.0%	0.0%	100%
Greenville	0.0%	5.4%	1.7%	37.3%	36.6%	0.0%	18.6%	0.1%	0.3%	100%
Greenwood	0.0%	12.2%	2.2%	37.3%	34.5%	0.0%	11.9%	1.9%	0.0%	100%
Hampton	0.0%	8.3%	5.6%	28.6%	41.4%	0.0%	12.8%	3.4%	0.0%	100%
Horry	0.0%	25.5%	3.7%	7.1%	52.3%	0.0%	11.4%	0.0%	0.0%	100%
Jasper	0.0%	6.2%	1.3%	14.7%	74.6%	0.0%	0.0%	3.1%	0.0%	100%
Kershaw	0.0%	4.7%	12.1%	49.9%	14.6%	0.0%	18.4%	0.0%	0.3%	100%
Lancaster	0.0%	10.9%	3.4%	26.3%	30.6%	0.0%	28.0%	0.0%	0.7%	100%
Laurens	0.0%	7.5%	0.0%	20.6%	57.9%	0.0%	14.0%	0.0%	0.0%	100%
Lee	0.0%	9.1%	25.4%	8.6%	52.9%	1.3%	2.8%	0.0%	0.0%	100%
Lexington	0.0%	7.7%	25.1%	54.7%	1.0%	0.0%	11.5%	0.0%	0.0%	100%
Marion	0.0%	8.7%	4.9%	36.3%	41.1%	0.0%	8.9%	0.0%	0.0%	100%
Marlboro	0.1%	8.5%	3.5%	11.2%	65.9%	0.0%	4.2%	6.5%	0.0%	100%
McCormick	0.0%	4.3%	2.4%	19.0%	74.4%	0.0%	0.0%	0.0%	0.0%	100%
Newberry	0.0%	6.0%	3.1%	16.2%	61.7%	0.0%	13.1%	0.0%	0.0%	100%
Oconee	0.0%	7.0%	9.7%	18.5%	62.0%	0.7%	1.3%	0.8%	0.0%	100%
Orangeburg	0.0%	9.2%	4.7%	26.5%	47.3%	0.0%	6.7%	5.6%	0.0%	100%
Pickens	0.0%	8.4%	4.7%	43.3%	20.0%	0.0%	19.5%	4.0%	0.0%	100%
Richland	0.0%	5.7%	9.2%	4.2%	13.2%	0.0%	37.1%	5.0%	25.5%	100%
Saluda	0.0%	5.7%	1.6%	14.7%	70.7%	0.0%	7.2%	0.1%	0.0%	100%
Spartanburg	0.0%	6.3%	10.3%	50.2%	26.9%	1.6%	0.0%	4.3%	0.5%	100%
Sumter	0.0%	13.0%	3.3%	43.3%	0.0%	0.0%	39.8%	0.6%	0.0%	100%
Union	0.0%	10.5%	5.2%	32.2%	37.1%	0.0%	8.9%	6.1%	0.0%	100%
Williamsburg	0.0%	11.0%	3.8%	25.0%	53.1%	0.0%	7.1%	0.0%	0.0%	100%
York	0.0%	7.1%	4.2%	9.3%	27.0%	0.1%	28.3%	0.0%	24.0%	100%

[1] Due to coding errors and changes to the coding system that occurred during FY 2001-2002, these statistics should be viewed with caution.

Appendix: Table 6

Sum of Absolute Differences Between Planned and Actual Spending by Category and as a Percentage of Total Planned Spending

	Sum of absolute differences[1]	Percentage of total planned spending
Laurens	$55,226	7%
Pickens	$81,093	8%
Lee	$105,767	17%
Jasper	$89,712	19%
Williamsburg	$132,836	22%
Marlboro	$158,223	24%
Richland	$731,407	25%
Calhoun	$102,134	27%
Cherokee	$232,590	32%
Lexington	$628,139	34%
Beaufort	$404,430	34%
Spartanburg	$917,339	35%
Clarendon	$234,458	35%
Lancaster	$351,657	37%
Chesterfield	$274,459	39%
Dillon	$271,794	39%
McCormick	$137,825	40%
Dorchester	$324,705	40%
Hampton	$210,738	40%
Aiken	$672,868	40%
Barnwell	$218,918	41%
Florence	$665,425	42%
Greenville	$1,537,958	42%
Berkeley	$824,244	45%
Orangeburg	$571,949	45%
Kershaw	$299,522	46%
Darlington	$424,454	45%
Georgetown	$401,851	48%
Colleton	$385,769	49%
Allendale	$224,435	50%
Fairfield	$323,337	62%
Abbeville	$296,301	62%
Greenwood	$579,603	67%
Chester	$444,692	73%
York	$1,370,908	77%
Marion	$532,289	77%
Horry	$2,060,242	110%
Anderson	$1,926,021	116%
Bamberg	na	na
Charleston	na	na
Edgefield	na	na
Newberry	na	na
Oconee	na	na
Saluda	na	na
Sumter	na	na
Union	na	na
Median		40%

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[1] Due to coding errors and changes to the coding system that occurred during FY 2001-2002, these statistics should be viewed with caution.

Appendix: Table 7

Contributions Eligible for Matching as a Percentage of State Allocation by County

County	Match %
Abbeville	20.23%
Aiken	24.44%
Allendale	28.15%
Anderson	16.25%
Bamberg	38.98%
Barnwell	32.61%
Beaufort	40.67%
Berkeley	23.69%
Calhoun	20.96%
Charleston	20.46%
Cherokee	17.29%
Chester	17.55%
Chesterfield	35.44%
Clarendon	15.90%
Colleton	88.43%
Darlington	27.10%
Dillon	23.75%
Dorchester	17.74%
Edgefield	33.15%
Fairfield	29.83%
Florence	23.91%
Georgetown	22.98%
Greenville	16.39%
Greenwood	18.60%
Hampton	24.35%
Horry	126.67%
Jasper	24.81%
Kershaw	56.01%
Lancaster	27.21%
Laurens	25.45%
Lee	26.09%
Lexington	28.04%
Marion	22.39%
Marlboro	28.16%
McCormick	37.45%
Newberry	16.79%
Oconee	60.36%
Orangeburg	24.25%
Pickens	20.57%
Richland	19.96%
Saluda	23.35%
Spartanburg	25.37%
Sumter	19.49%
Union	24.19%
Williamsburg	52.17%
York	97.39%
Statewide	28.06%

Source: Office of First Steps (2002), Fiscal Analysis Division, "FY 2002 Match by County." Columbia, SC

Total Spending, Total Children and Children in Poverty Younger than 6, First Steps Spending per Child Younger than 6, and First Steps Spending per Poor Child Younger than 6

County	Total spending	than 6 years	younger than 6 years	per child	poor child
Abbeville	$310,664	2,105	379	$147.58	$819.69
Aiken	$1,576,545	11,468	2,378	$137.47	$662.97
Allendale	$349,182	939	462	$371.87	$755.81
Anderson	$1,556,719	13,315	2,425	$116.91	$641.95
Bamberg	$372,164	1,261	510	$295.13	$729.73
Barnwell	$554,751	2,009	564	$276.13	$983.60
Beaufort	$1,324,199	9,691	1,468	$136.64	$902.04
Berkeley	$1,506,385	12,323	1,880	$122.24	$801.27
Calhoun	$281,394	1,147	210	$245.33	$1,339.97
Charleston	$1,828,662	23,657	5,612	$77.30	$325.85
Cherokee	$632,671	4,472	686	$141.47	$922.26
Chester	$307,459	2,778	660	$110.68	$465.85
Chesterfield	$529,246	3,522	951	$150.27	$556.51
Clarendon	$448,130	2,407	752	$186.18	$595.92
Colleton	$639,461	3,186	958	$200.71	$667.50
Darlington	$523,522	5,637	1,428	$92.87	$366.61
Dillon	$461,912	2,797	1,098	$165.15	$420.69
Dorchester	$484,690	7,905	925	$61.31	$523.99
Edgeville	$352,862	1,791	374	$197.02	$943.48
Fairfield	$489,632	1,927	492	$254.09	$995.19
Florence	$985,032	9,920	2,357	$99.30	$417.92
Georgetown	$458,170	4,223	969	$108.49	$472.83
Greenville	$3,221,952	30,787	4,396	$104.65	$732.93
Greenwood	$508,657	5,551	1,222	$91.63	$416.25
Hampton	$371,129	1,715	486	$216.40	$763.64
Horry	$1,042,930	13,563	2,510	$76.90	$415.51
Jasper	$392,133	1,825	481	$214.87	$815.25
Kershaw	$823,587	4,134	740	$199.22	$1,112.96
Lancaster	$934,852	4,876	781	$191.73	$1,196.99
Laurens	$831,194	5,486	1,301	$151.51	$638.89
Lee	$507,665	1,543	407	$329.01	$1,247.33
Lexington	$1,974,025	17,831	2,406	$110.71	$820.46
Marion	$567,039	3,002	1,064	$188.89	$532.93
Marlboro	$497,253	2,311	781	$215.17	$636.69
McCormick	$350,427	498	154	$703.67	$2,275.50
Newberry	$511,457	2,785	781	$183.65	$654.87
Oconee	$592,510	4,801	838	$123.41	$707.05
Orangeburg	$692,766	7,147	2,290	$96.93	$302.52
Pickens	$1,113,455	8,024	1,140	$138.77	$976.72
Richland	$2,590,048	24,424	4,660	$106.05	$555.80
Saluda	$399,253	1,484	363	$269.04	$1,099.87
Spartanburg	$2,695,099	20,108	3,108	$134.03	$867.15
Sumter	$686,463	9,370	2,130	$73.26	$322.28
Union	$510,432	2,269	479	$224.96	$1,065.62
Williamsburg	$531,080	3,077	1,084	$172.60	$489.93
York	$858,233	13,452	1,716	$63.80	$500.14
Statewide	$39,177,091	318,543	62,856	$122.99	$623.28

Source: First Steps Fiscal Accountability System (2002). Program Income Statement, FY2002

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Percentage of Administrative Expenses by Type

County	development & consultants[1]	equipment & supplies	space rental & miscellaneous	Cluster assessment	Program purchased supplies & services	Travel
Abbeville	0%	24%	4%	15%	54%	3%
Aiken	0%	16%	4%	24%	55%	1%
Allendale	46%	37%	6%	9%	0%	1%
Anderson	17%	21%	1%	23%	36%	2%
Bamberg	48%	30%	11%	8%	4%	0%
Barnwell	10%	21%	2%	11%	52%	4%
Beaufort	53%	13%	12%	20%	0%	2%
Berkeley	4%	10%	1%	21%	64%	0%
Calhoun	19%	26%	22%	9%	23%	1%
Charleston	25%	18%	3%	29%	25%	0%
Cherokee	28%	11%	1%	9%	50%	1%
Chester	48%	8%	27%	17%	0%	1%
Chesterfield	12%	21%	7%	13%	47%	0%
Clarendon	0%	16%	0%	5%	77%	1%
Colleton	57%	4%	0%	11%	28%	0%
Darlington	41%	28%	2%	25%	3%	1%
Dillon	53%	33%	4%	9%	0%	1%
Dorchester	37%	24%	3%	23%	11%	3%
Edgefield	34%	17%	2%	13%	35%	0%
Fairfield	60%	24%	3%	12%	0%	1%
Florence	0%	8%	7%	23%	61%	1%
Georgetown	59%	24%	1%	14%	0%	1%
Greenville	17%	26%	3%	32%	20%	1%
Greenwood	52%	19%	4%	18%	5%	1%
Hampton	40%	12%	1%	16%	27%	4%
Horry	3%	8%	0%	6%	83%	0%
Jasper	30%	45%	0%	18%	0%	7%
Kershaw	50%	30%	7%	13%	0%	0%
Lancaster	49%	15%	2%	9%	24%	2%
Laurens	5%	5%	2%	10%	77%	1%
Lee	59%	30%	4%	7%	0%	0%
Lexington	11%	16%	14%	23%	35%	1%
Marion	13%	21%	2%	8%	54%	2%
Marlboro	5%	18%	3%	17%	56%	2%
McCormick	55%	20%	3%	22%	0%	0%
Newberry	61%	21%	1%	14%	0%	2%
Oconee	58%	11%	12%	16%	0%	3%
Orangeburg	14%	13%	1%	31%	40%	0%
Pickens	45%	10%	2%	13%	27%	3%
Richland	54%	14%	3%	27%	1%	0%
Saluda	69%	10%	8%	10%	0%	3%
Spartanburg	48%	17%	4%	29%	0%	2%
Sumter	10%	0%	0%	26%	64%	0%
Union	22%	32%	0%	9%	36%	1%
Williamsburg	0%	39%	5%	6%	49%	1%
York	2%	6%	1%	43%	47%	1%
Statewide	26%	17%	4%	19%	33%	1%

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[1] Payroll spending was zero for some counties because administrative functions were contracted to the county school system.

Appendix: Table 10

Forms of Collaboration Noted in PERs for Four Major Program Types[3]

4K	CHILD CARE	PARENTING/FAMILYSTRENGHENING	HEALTH
Identification of possible participants for 4K program; referrals to program; advertising of program	Working with an agency or educational institution on provision of education and training of caregivers	Referrals to parenting/family strengthening programs	Referrals from health programs to other services
Provision of medical or dental screening for participating children	Recruitment of providers to accept children with scholarships or to participate in quality enhancement initiative	Sharing of resources, materials, space	Activities or person to coordinate across health services
Referrals of participating families to other services/provision of other services	Provision of information, consultation, guidance to child care facilities	Provision of funding	Provision of resources for health program
Provision of supplies, materials	Provision of supplies, materials, space	Referrals from parenting/family strengthening to other services	Help with transportation
Sharing of facilities, utilities, maintenance services	Inspection of facilities to confirm ABC status; for health and safety	Strategies to integrate services	
Parenting activities for parents of participating children	Identification of possible participants for scholarships; verification of Family Independence status	Provision of medical or dental screening for participating children	
Staff hiring; staff training	Provision of space for meetings	Training of parent educators	
Transition activities to 5K and 1st grade	Provision of lending library; library visiting program; book bags	Provision of library activities to program	
Outreach to Hispanic community	Provision of funding	Help with transportation	
	Public relations; public recognition		

[3] Entries at the top of each column were mentioned most frequently in PERs as a form of collaboration within the particular program type. Moving down each column, forms of collaboration were mentioned with decreasing frequency within each program type.

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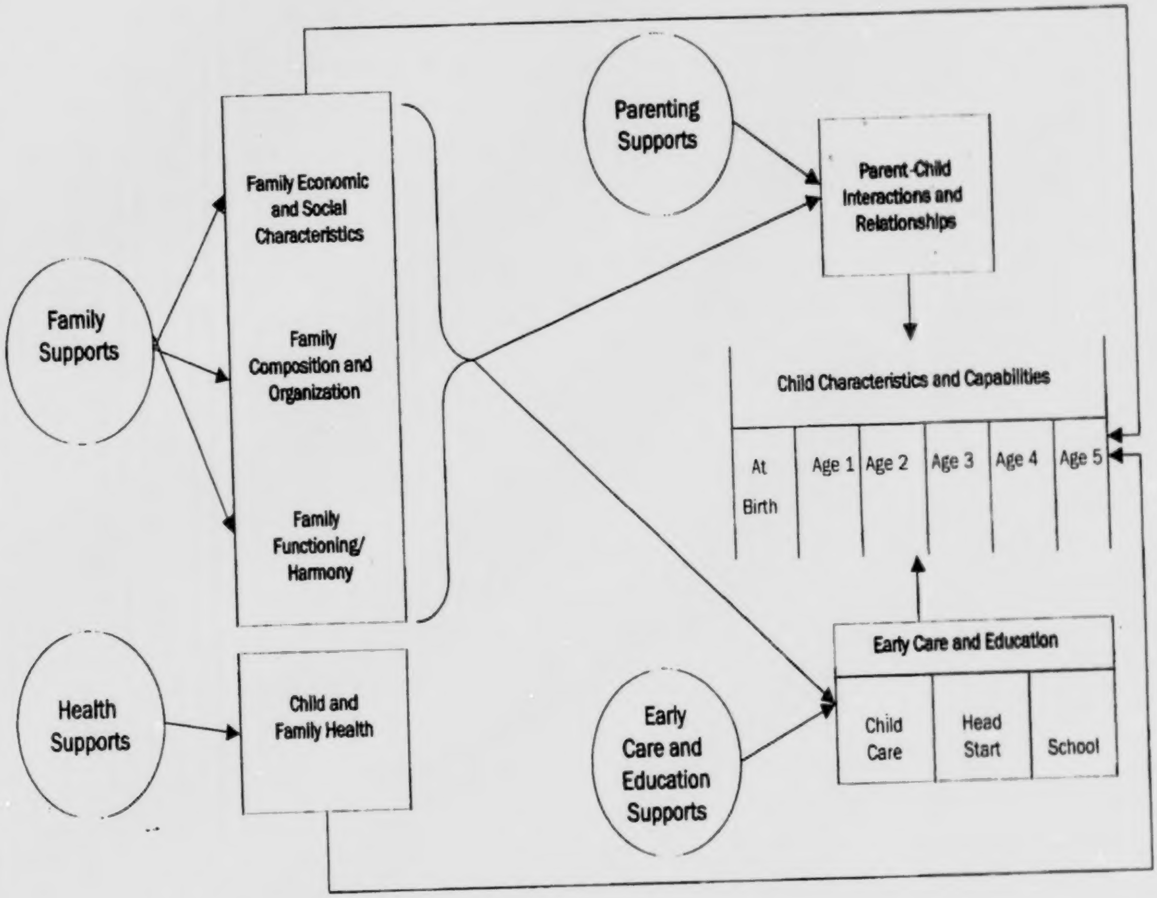
Appendix: Figure 1

First Steps Conceptual Model



Parenting Supports
Parent-Child Interactions and Relationships
Family Economic and Social Characteristics
Family Supports
Family Composition and Organization
Family Functioning/ Harmony
Child Characteristics and Capabilities
At Birth
Age 1
Age 2
Age 3
Age 4
Age 5
Early Care and Education
Health Supports
Child and Family Health
Early Care and Education Supports
Child Care
Head Start
School

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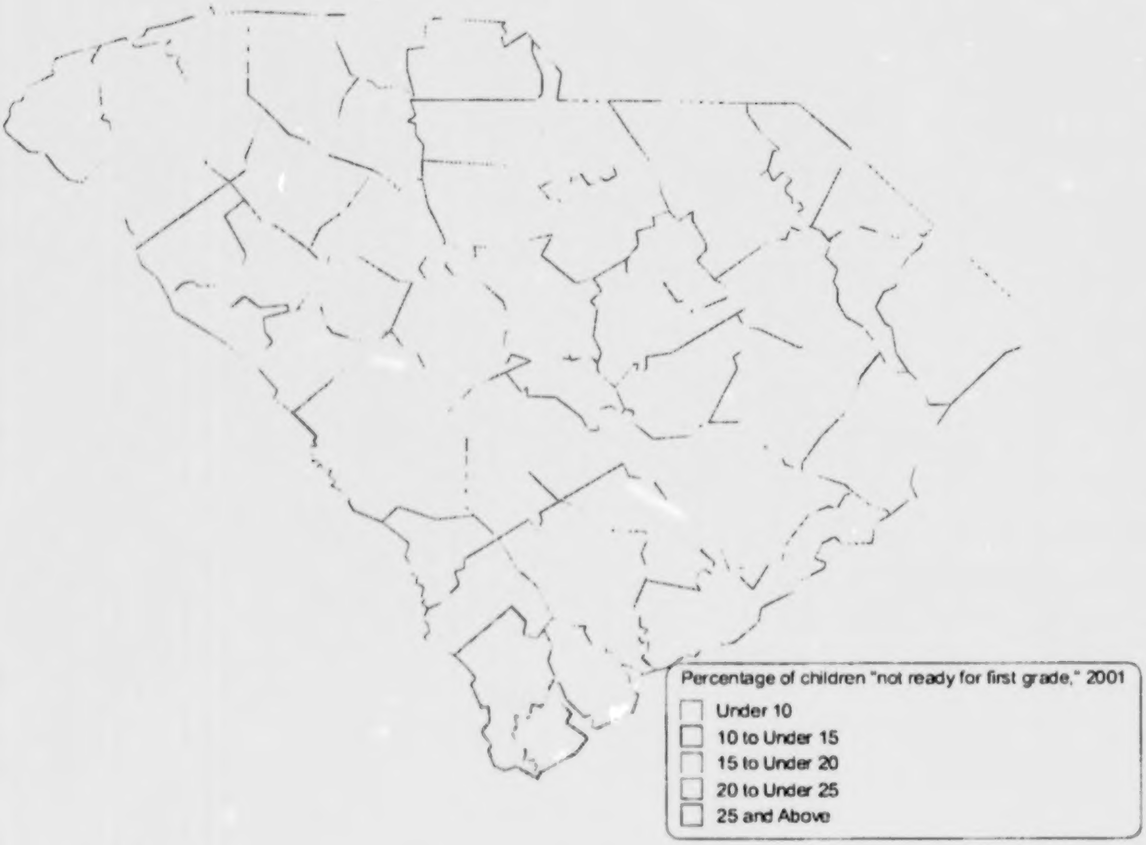
Percentage of Children "not ready for first grade," 2001


Percentage of children "not ready for first grade," 2001
☐ Under 10
☐ 10 to Under 15
☐ 15 to Under 20
☐ 20 to Under 25
☐ 25 and Above

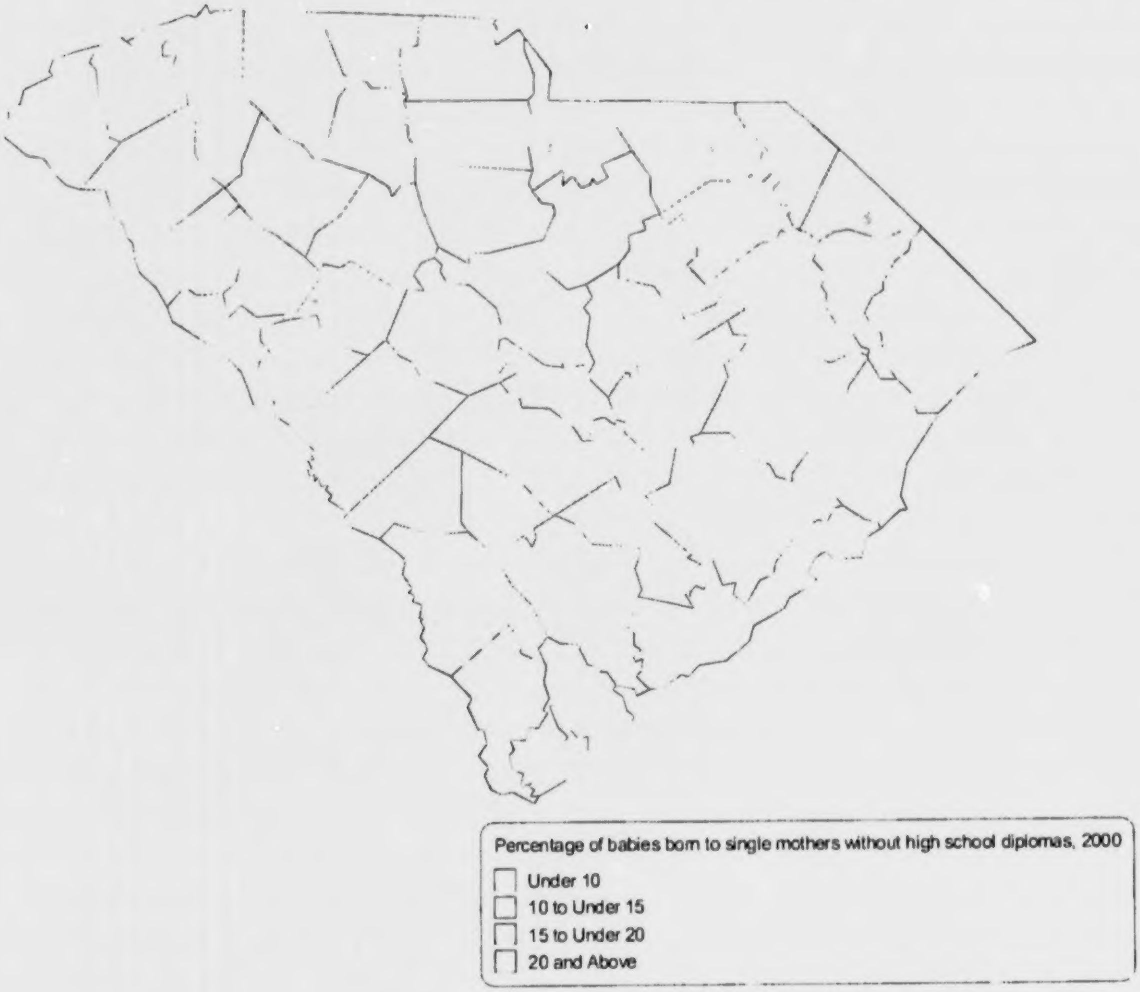
Appendix: Figure 3

Percentage of Children Under Age 6 in Poverty

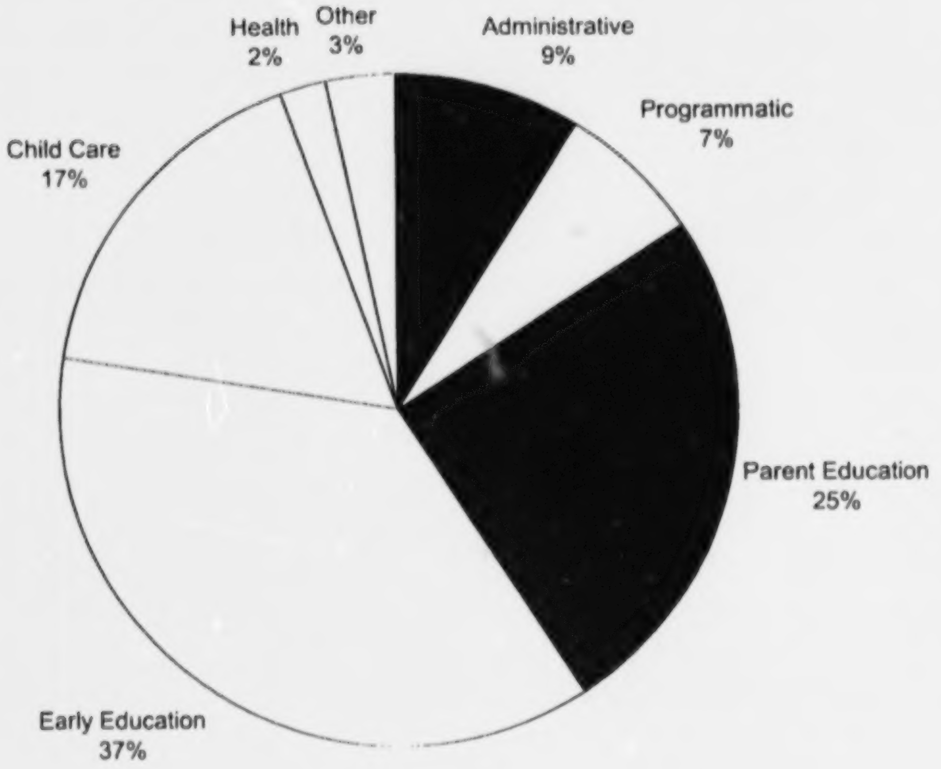
Percentage of Children Under Age 6 in Poverty
Under 20
20 to Under 30
30 to Under 40
40 and Above

Appendix: **Figure 4**

Percentage of Babies Born to Single Mothers Without High School Diplomas, 2000

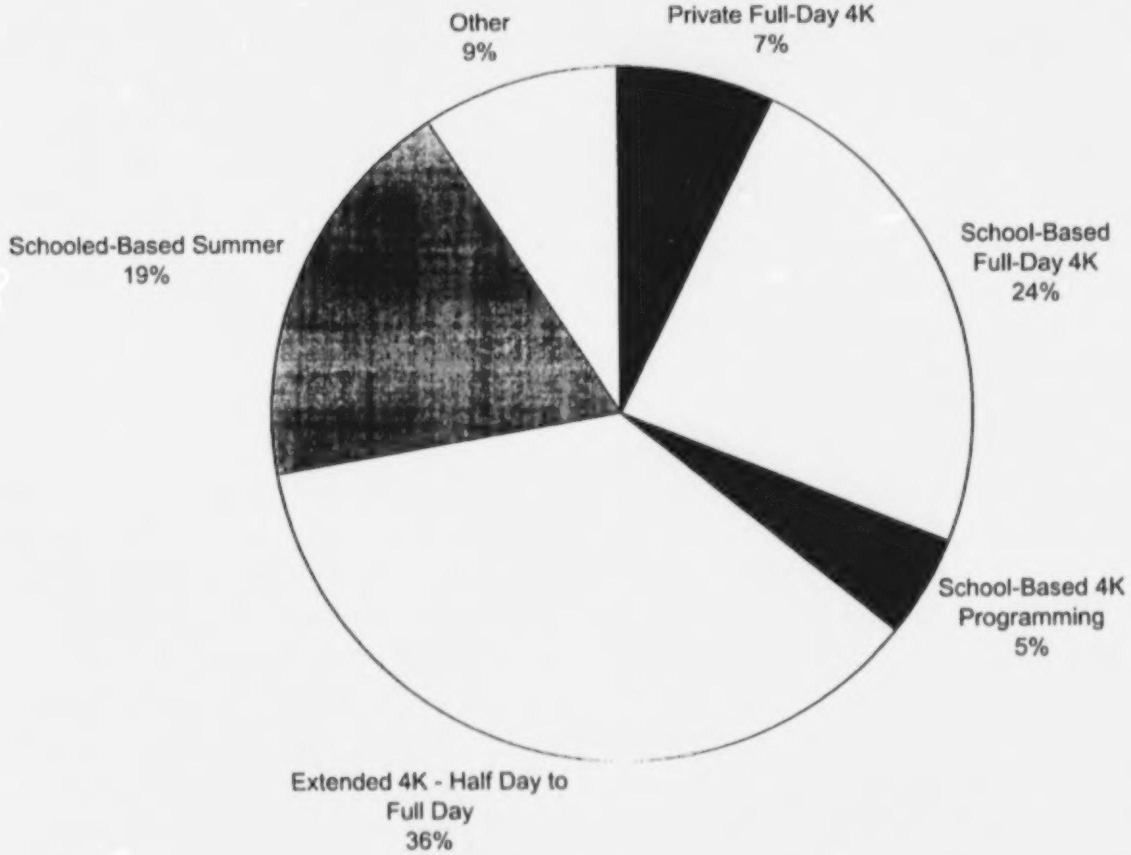

Percentage of babies born to single mothers without high school diplomas, 2000
☐ Under 10
☐ 10 to Under 15
☐ 15 to Under 20
☐ 20 and Above

First Steps Spending Statewide by Program Type, FY 2002

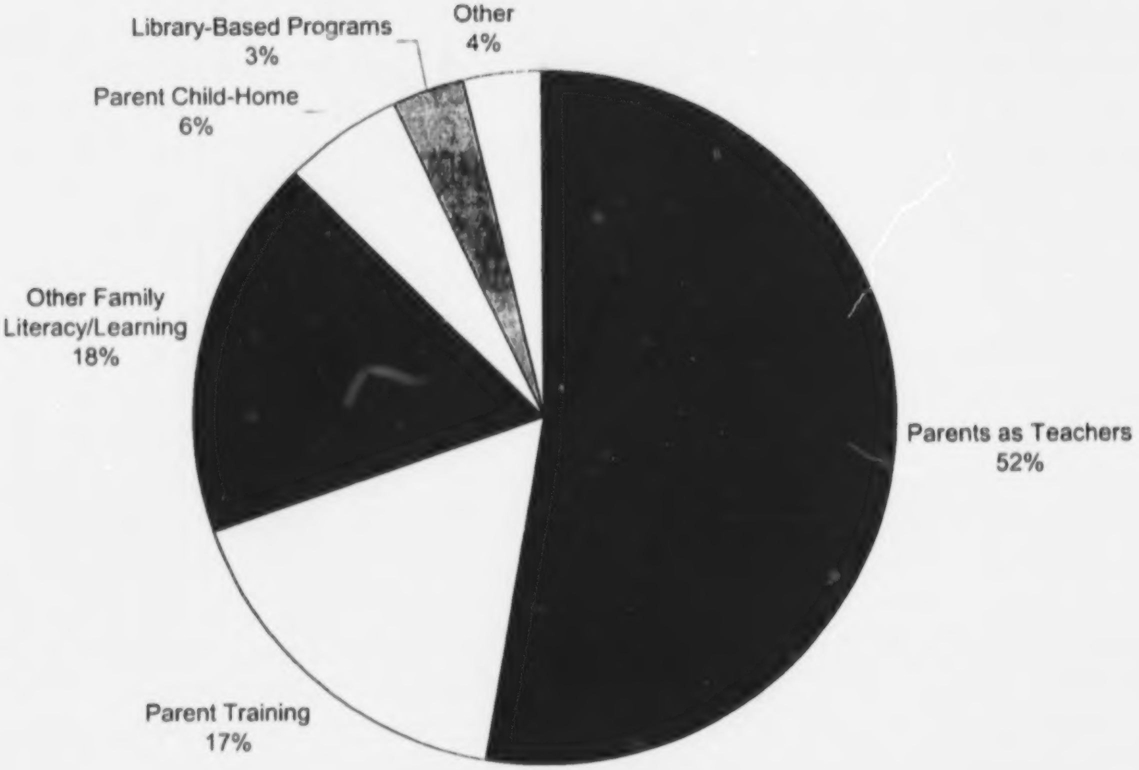


First Steps spending statewide by program type, FY 2002

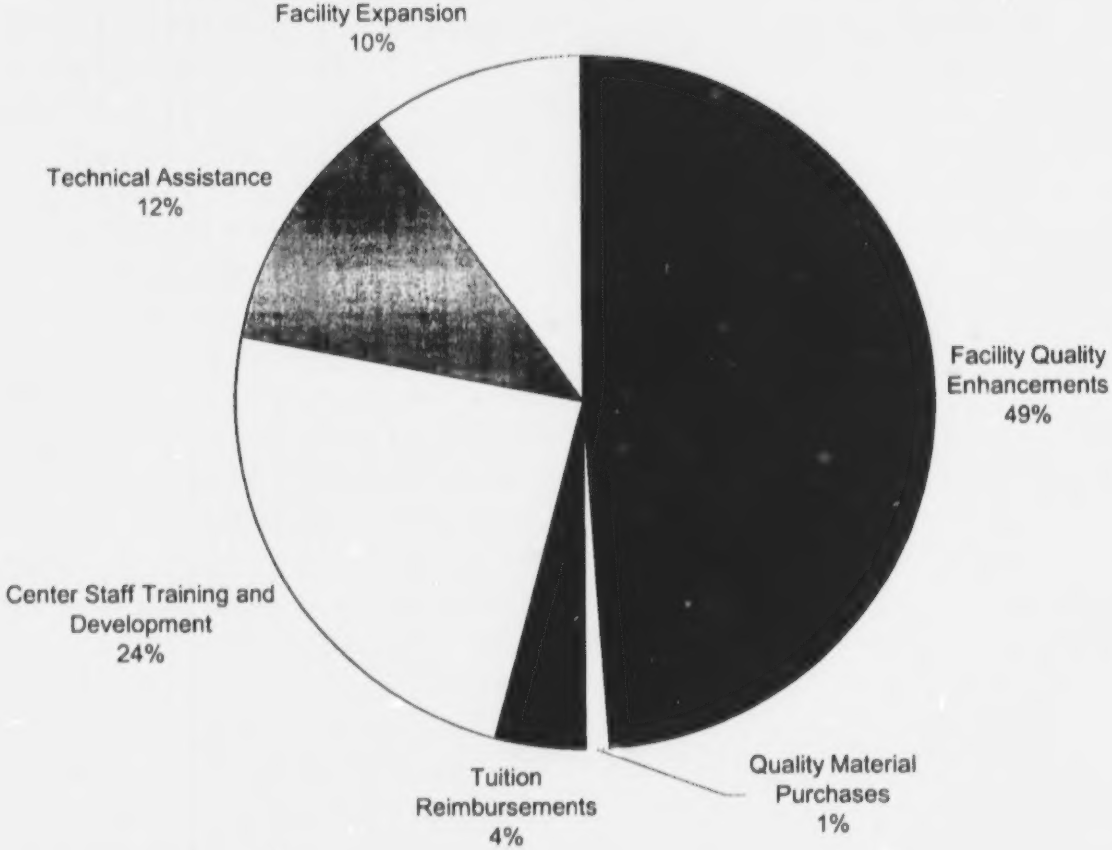
Spending on Early Education Initiatives



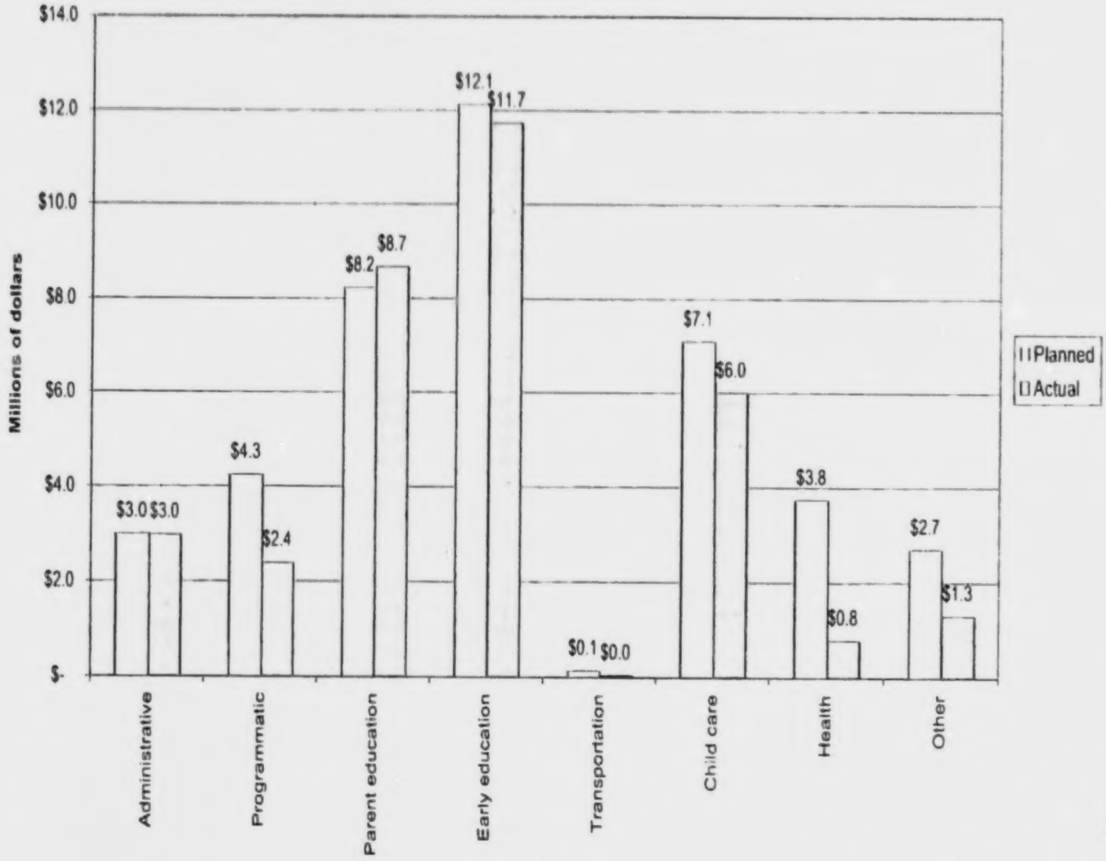
Spending on Parent Education and Family Strengthening Initiatives



Spending on Child Care Initiatives



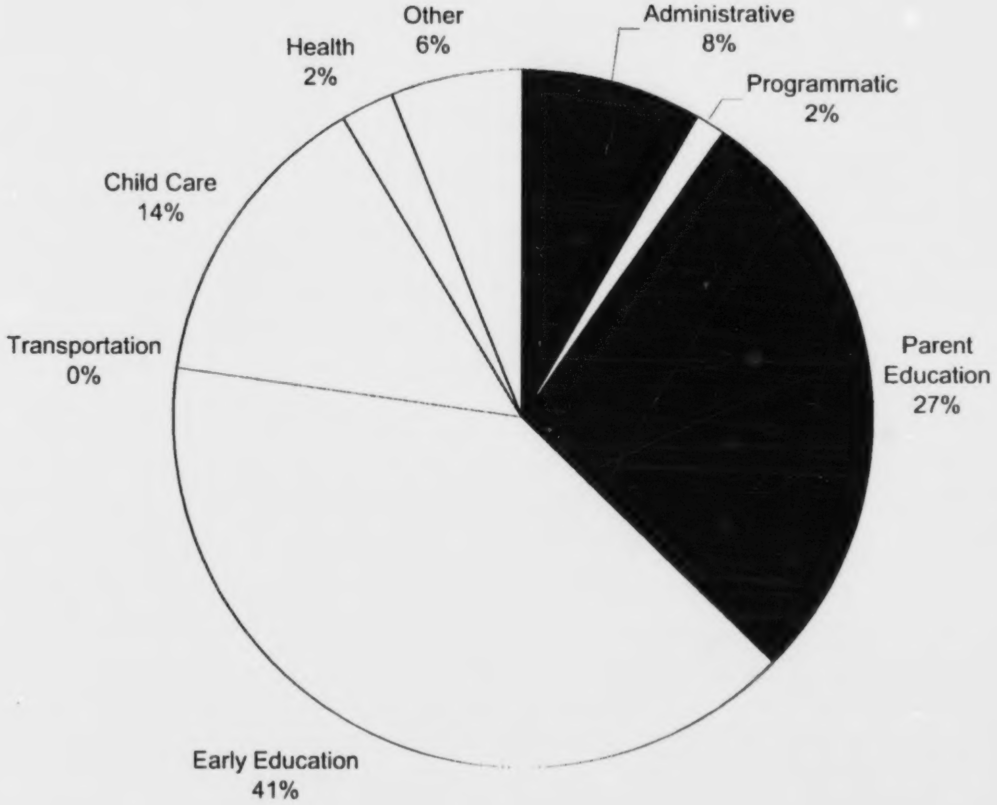
Planned versus Actual Spending Statewide by Type of Program



Note: The program coding system was introduced after initial state plans were developed. Consequently, program codes were not available for planned spending by eight counties. These counties are excluded from the data in this table.

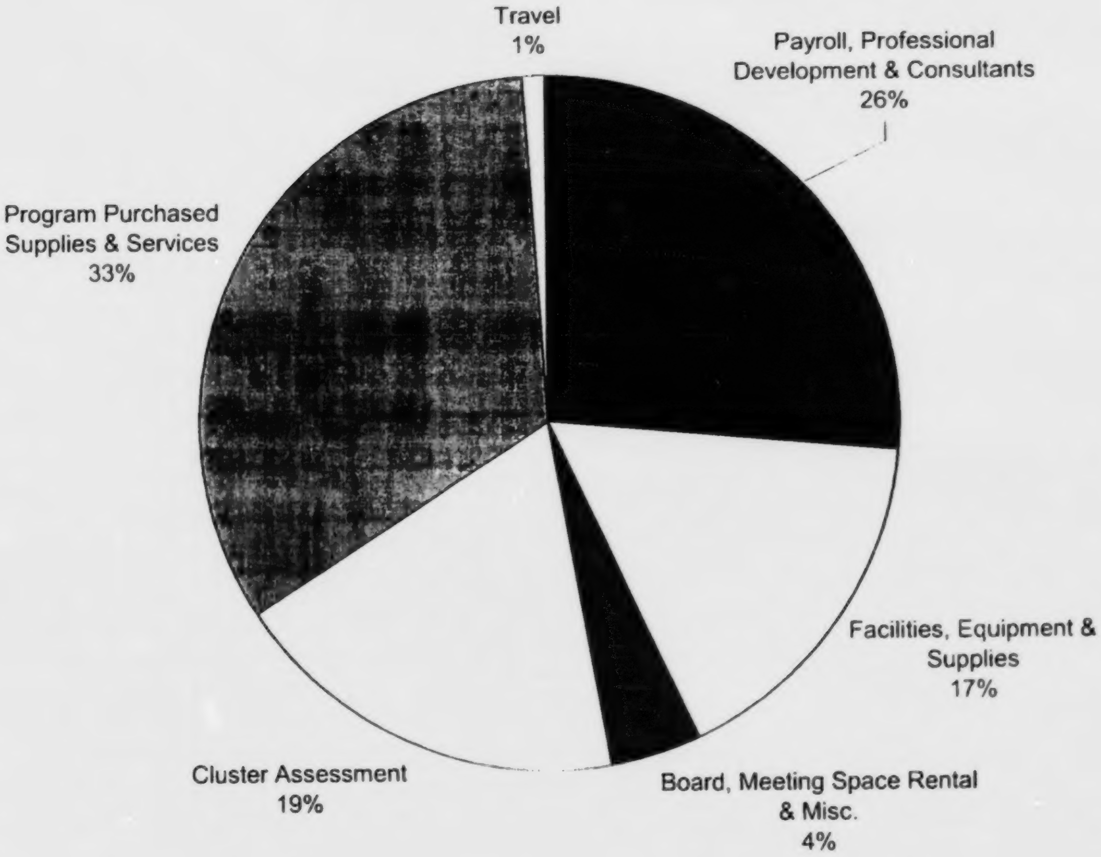
Appendix: Figure 10

Statewide Matching Funds by Program Type

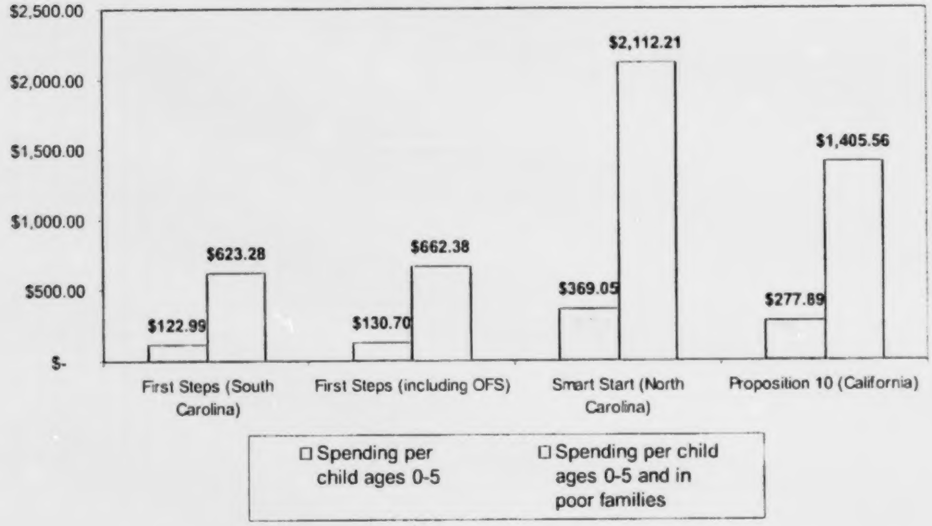


Source: First Steps Fiscal Accountability System (2002) Program Income Statement, FY 2002.

Statewide Administrative Expenses by Type, FY 2002



Spending Per Child Ages 0-5 and Spending Per Poor Child Ages 0-5, First Steps, Smart Start, and Proposition 10



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First Steps and Further Steps

Early Outcomes and Lessons Learned from South Carolina's School Readiness Initiative

1999-2002 Program Evaluation Report
County Profiles

SOUTH CAROLINA FIRST STEPS
Getting children ready for school.

Produced by

Child Trends

Introduction

In this report we present profiles of each of South Carolina's 46 counties. Each profile includes descriptive statistics about the county's children and families, information on the county's First Steps-funded strategies in fiscal year 2001-02, and First Steps' related accomplishments and highlights provided by each county's Executive Director. In this introductory section, we will briefly describe the information contained in the profiles, as well as the sources of our information. It should be noted that the county profiles are not evaluations of the programs implemented by the County Partnerships; the profiles simply provide a picture of the activities undertaken. For evaluative information about the programs implemented across the state, please refer to the full 1999-2002 evaluation report.

Profile of the County's Children

The profile of each county begins with basic statistics about the county's young children and their families. This includes the number of young children in the county, the race/ethnicity of children under age six, the number of families with children under age six, the percentage of children under age six with all parents in the labor force, and the percentage of young children in four-year-old kindergarten programs. Information about at-risk children includes poverty, Medicaid eligibility, immunization status, and risk factors at birth, including births to teenage mothers, births to mothers without high school diplomas, births to unmarried mothers, and low birthweight births. The data for this section come from Decennial Census 2000, South Carolina Kids Count, and the South Carolina Department of Health and Environmental Control.

First Steps Strategies in the County

The profile next provides a summary table of the strategies implemented by the County Partnership in fiscal year 2001-02, as noted in Program Effectiveness Reports (PERs; see below for a description). A checkmark indicates that a particular strategy was implemented in the county. The strategies include four-year-old kindergartens (4K), summer readiness programs, child care, parenting/family strengthening, health, and "other." Some of the headings are broken into more detailed program types. The table distinguishes between full-day and part-day 4K; the different child care strategies, including quality enhancement, caregiver training, and child care scholarships; several different parenting/family strengthening programs; and different health strategies.

Fiscal Information

We also provide fiscal information for each county, including the total First Steps budget, the proportion of funding spent on the different program areas, the proportion spent on administrative functions, the amount spent per child, and the amount spent per child living in poor families. The fiscal information was provided to Child Trends by the Office of First Steps through their Universal Management System.[1] We note that there are occasional instances in which a program may have been categorized in the Universal Management System in a different way than the category in a Program Effectiveness Report.

Program Profiles

The profile then provides summaries of the programs adopted by the County Partnership in fiscal year 2001-02. The information in this section of the profile comes from the Program Effectiveness Reports (PERs), completed for each First Steps-funded program in the county. Who completed the PERs varied by county; they were either completed by the Executive Director, the vendor with whom the County Partnership contracted to administer the program, or by the county's Planning, Implementation and Evaluation Consultant (from the Institute for Families in Society at the University of South Carolina). Each PER was supposed to be verified by the county's Executive Director, and the PERs represent Child Trends' best source of information on the programs implemented by the County Partnerships. The information we present in each county's profile varies slightly by program type, and includes such things as the program's start date, the number of participants,[2] the key activities undertaken, whether or not it was a new or extended program, and plans for the future.[3]

County Highlights and Looking Toward the Future

The profile concludes with "County Highlights and Looking Toward the Future." The information in this section comes from telephone interviews conducted by Child Trends with each county's Executive Director during the summer of 2002. The highlights we present come from the Executive Director's answers to questions about his or her county's biggest First Steps-related accomplishment thus far and plans for the future.

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[1] The fiscal information contained in this report may be slightly different from that in counties' Annual Reports due to the fact that the Office of First Steps generated the information at two different points in time.

[2] The number of participants was, in some instances, drawn from the First Steps 2002 Annual Report to the General Assembly rather than the PERs.

[3] Some PERs lacked some information, so we left out the subheadings for those particular pieces of information. Therefore, the program

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Abbeville County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,077
Under age 6	2,105
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	62.4%
Black only, non-Hispanic	33.7%
Other, non-Hispanic	2.1%
Hispanic	1.8%
Families with children < Age 6	
Total number of families	1,585
Married couple family	62.8%
Single householder	37.2%
Children < age 6 with all parents in labor force	63.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	31.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	18.4%
Very poor children < age 6 (1999)	7.6%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	47.1%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	12.0%
Birth-Risk	
Total number of births	336
Nonmarital births	42.6%
Births to mothers who lack high school diplomas	24.4%
Births to mothers < age 18	6.0%
Nonmarital and no diploma	18.2%
Low birthweight	8.9%
Inadequate prenatal care	28.3%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Abbeville County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- Any Program

Child Care

- Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

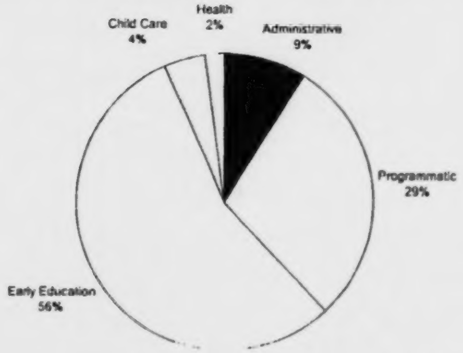
- ✓ Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $310,664, the Abbeville County Partnership spent 56 percent on early education and 29 percent on programmatic tasks performed by County Partnership staff. The Partnership spent 9 percent of its state allocation on administrative functions and exceeded its match requirement. The Partnership spent $148 per child ages zero to five residing in the county or $820 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Within an existing 4K program, the Abbeville County School District opened one new full-day classroom and extended three half-day classes to full-day. ***Start date.*** The classrooms began in August 2001. ***Number of children.*** First Steps funding enabled 84 children to enroll in the 4K classrooms. ***Population served.*** The target population was children with low developmental assessment (DIAL-3) scores and other characteristics that put them at risk of not being ready for school (e.g., identified disabilities, developmental delays, low language levels, poverty, parents with low educational levels). ***Program model.*** The 4K classrooms all used the High/Scope model. ***Next steps.*** Plans for the future include providing more staff training on the High/Scope model and the use of assessment tools appropriate for tracking change across the school year.

■ Child Care

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to 13 children from 12 families beginning in April 2002.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Step funding was used to establish a new Parents as Teachers (PAT) program in Abbeville County. Three Parent Educators and one Program Administrator were hired. ***Start date.*** This program began in January 2002. ***Number of families.*** First Steps funding was used to serve 50 families. ***Population served.*** Even though the program was open to anyone who was interested in participating, teen parents, parents in low income housing, parents with low educational attainment, single parents, unemployed or under-employed parents, parents with multiple children, foster parents, and ESL families were mainly served. ***Key activities.*** Parent educators visited homes for 45 minutes to one hour twice a month to help parents to strengthen their parenting skills, to increase their knowledge of child development, and to prepare children for school using the Born to Learn Curriculum. Group meetings were also held once a month to discuss topics chosen by the participating families.

■ Health

Home Visitation

Extended or new program? This program was an extension of DHEC's postpartum/newborn home visitation program and the county hospital's post partum home visitation program. ***Start date.*** This program began in May 2002. ***Number of families.*** The program was still in the planning stages during fiscal year 2002, therefore no clients were seen. ***Population served.*** The program will serve new mothers without Medicaid or other insurance for a first and possibly second visit. ***Key activities.*** Planned program activities include home visits to assess the health status of the mother and her newborn, as well as to evaluate the nutritional, developmental, environmental, and educational needs of the family.

County Highlights and Looking Toward the Future

According to Abbeville County's Executive Director, one of their greatest accomplishments was the level of collaboration with other services and agencies. In addition, through their programs, they have effectively served the county's children and families. In the future, the County Partnership would like to implement a child care quality enhancement initiative.

Aiken County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	5,677
Under age 6	11,468
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	61.1%
Black only, non-Hispanic	31.6%
Other, non-Hispanic	3.7%
Hispanic	3.6%
Families with children < Age 6	
Total number of families	8,540
Married couple family	67.5%
Single householder	32.5%
Children < age 6 with all parents in labor force	61.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	38.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	21.5%
Very poor children < age 6 (1999)	9.3%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	50.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	10.0%
Birth-Risk	
Total number of births	1,852
Nonmarital births	40.7%
Births to mothers who lack high school diplomas	19.9%
Births to mothers < age 18	5.6%
Nonmarital and no diploma	14.0%
Low birthweight	9.9%
Inadequate prenatal care	32.7%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Aiken County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

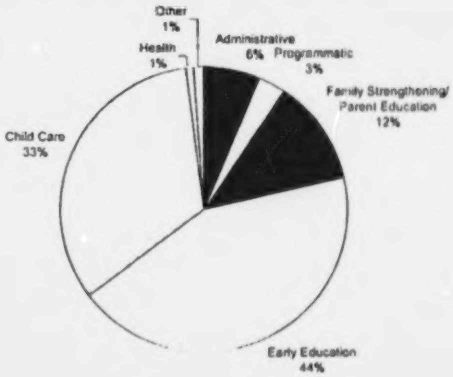
Family Strengthening
- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- ✓ Other Strategies

Other
- Transportation
- ✓ Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,576,545, the Aiken County Partnership spent 44 percent on early education and 33 percent on child care. The Partnership spent 8 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $137 per child ages zero to five residing in the county or $663 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? The Aiken County School District used First Steps funding for eight 4K classrooms. ***Start date.*** The classrooms began in August 2001. ***Number of children.*** First Steps funding permitted 160 children to participate in the 4K programs. ***Population served.*** The programs served at-risk children with multiple risk factors, such as low Rapid DIAL scores, evidence of delayed development in any school readiness dimension, low language level, identified disabilities, and familial risk factors (e.g., family poverty, siblings performing poorly in school). ***Program model.*** The classrooms used the High/Scope curriculum.

Summer Readiness

Length of program. A four-week summer readiness program that began on June 3, 2002 was implemented in Aiken County. ***Number of children.*** The program served 243 children at 15 sites. ***Population served.*** Participating children were generally children living in poverty, children with siblings performing poorly in school, children with parents of low educational levels, and children with poor results on the South Carolina Readiness Assessment during 5K. ***Program model.*** The classrooms used several different curriculum models, such as High/Scope, AIMS, Creative Curriculum, the Basal Reading Program, and Inquiry.

■ Child Care

Child Care Scholarships

Number of scholarships. Child care scholarships were provided for 93 children in Aiken County.

■ Family Strengthening

Parent Child Home

Extended or new program? First Steps funding was used to extend an existing Parent Child Home (PCH) program so that it could serve additional families. ***Start date.*** The program began in September 2001. ***Number of families.*** First Steps funds allowed 30 families to participate in the program. ***Population served.*** The program served an at-risk population, specifically low-income families, under-educated parents, single parents, non-English speaking families, and single parents. ***Key activities.*** Activities include two 30-minute home visits per week. During the home visits, the home visitor demonstrated parenting techniques. Each family was also provided with a new book or age-appropriate toy each week.

Teen Parent/Grandparent Program

Extended or new program? First Steps funds were used to establish a new parenting program targeted to teen parents in Aiken County. ***Start date.*** The program began in October 2001. ***Number of families.*** Ten teen parents and the children's grandparents (the parents of the teen parents) participated in this program. ***Population served.*** This program served teen parents who were below the poverty level, who were not attending high school or a GED program, and teens living with their parents. The program also included the teen parents' parents (that is, the children's grandparent). ***Key activities.*** The major service offered to the teen parents and the grandparents were parenting classes. The teens and the grandparents had separate class times, however the two classes merged for relationship-building exercises and for outings to the movies. The classes took place twice a month for nine months. Each class lasted one and a half hours.

■ Health

Health Voucher Program

Extended or new program? First Steps funds were used to establish a new health voucher program in Aiken County. ***Start date.*** The program began in November 2001. ***Number of families.*** The program served 64 clients who were enrolled and receiving services through First Smiles. ***Population served.*** The program was targeted to uninsured, non-Medicaid eligible pregnant women and families with children through age five. ***Key activities.*** The program covered well-child or well-baby screenings, preventive dental visits, and prenatal care and delivery.

Nurse Case Management

Extended or new program? First Steps funds were used to establish a new nurse case management program. ***Start date.*** The program began in February 2002. ***Number of families.*** A total of 14 women enrolled. ***Population served.*** The program was targeted to uninsured, non-Medicaid eligible pregnant women with incomes at or below 250 percent of Federal poverty guidelines. All of the pregnant women who entered the program were Spanish-speaking. ***Key activities.*** Two part-time registered nurses conducted monthly home health visits through the first year of the infant's life.

■ Other

Public Awareness

Start date. A public awareness program called Community 101 began in January 2002. ***Number of participants.*** The program offered seven workshops; 204 individuals attended the workshops. ***Population served.*** Community 101 was designed for anyone who works in a job that touches children and families in Aiken County. ***Key activities.*** Meetings were organized to familiarize participants with resources available to children and families in the county so that they could make better referrals. Aiken County First Steps also provided funds and technical support in establishing the "aiken211.org" resource and referral center, launched in June 2002.

County Highlights and Looking Toward the Future

According to Aiken County's Executive Director, the county's First Steps programs have helped young children and their families. In particular, the Parent Child Home program was highly successful in teaching parents to recognize potential health problems in their children. In the future, the County Partnership will determine what programs have been effective, build upon accomplishments, and address challenges.

Allendale County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	455
Under age 6	939
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	16.7%
Black only, non-Hispanic	80.8%
Other, non-Hispanic	1.0%
Hispanic	1.5%
Families with children < Age 6	
Total number of families	677
Married couple family	39.9%
Single householder	60.1%
Children < age 6 with all parents in labor force	53.2%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	67.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	48.8%
Very poor children < age 6 (1999)	28.4%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	84.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	9.0%
Birth Risk	
Total number of births	174
Nonmarital births	70.1%
Births to mothers who lack high school diplomas	26.4%
Births to mothers < age 18	9.2%
Nonmarital and no diploma	24.1%
Low birthweight	11.5%
Inadequate prenatal care	44.8%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Allendale County Based on PERs

4K
- Half Day
- ✓ Full Day
- ✓ Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

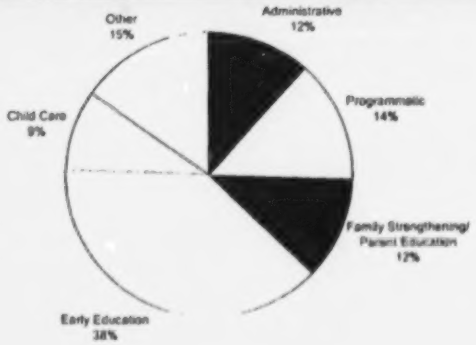
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- ✓ Other Strategies

Fiscal Information

Out of total spending of $349,182, the Allendale County Partnership spent 38 percent on early education strategies. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $372 per child ages zero to five residing in the county or $756 per child living in poor county families.



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Program Profiles

■ Early Education

3-5K

Extended or new program? First Steps funding was used to purchase materials for a new, additional Montessori classroom in the Allendale School District. ***Start date.*** The classroom began in August 2001. ***Number of children.*** A total of 20 children participated; three-year-olds attended half day programs, while four- and five-year-olds attended full day programs. ***Population served.*** The target population was children from families with multiple risk factors (e.g., low parent education or literacy, poverty, single parent, unreliable transportation, health issues, emotional traumas).

4K

Extended or new program? First Steps funds were used to extend 4K classrooms from part-day to full-day. ***Start date.*** The full-day classrooms began in August 2001. ***Number of children.*** A total of 44 students participated. ***Population served.*** The target population was children from families with multiple risk factors (e.g., low parent education or literacy, poverty, single parent, unreliable transportation, health issues, emotional traumas). ***Program model.*** The classroom used the High/Scope curriculum.

Summer Readiness

Length of program. A four-week, half-day Summer Readiness program that began on June 5, 2002 was implemented in Allendale County. ***Number of children.*** The program served 24 children. ***Population served.*** Students were targeted and selected using three criteria: low scores on the South Carolina Readiness Assessment during 5K, delayed development in any area of school readiness, and behavior problems. ***Program model.*** The program used the Montessori model.

■ Child Care

Quality Enhancement/Child Care Scholarships

Start date. The child care strategy in Allendale County involved two components—child care scholarships and quality enhancement grants of $1,000 for the child care providers who served the scholarship children. The program began in November 2001. ***Number of participants.*** Eighty-seven children received child care scholarships; four child care providers served the children and received quality enhancement grants. ***Key activities.*** Grants were used to purchase materials and supplies and to pay NAEYC accreditation fees. Grantees were also trained to implement the High/Scope curriculum.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to extend an existing Parents as Teachers (PAT) program by adding one parent educator. ***Start date.*** The parent educator began working with families in October 2001. ***Number of families.*** A total of 28 families were served. ***Population served.*** The population served included families with low income levels, rural families, parents with limited English proficiency, and families living in poor housing. ***Key activities.*** The program planned to provide one two-hour home visit per month, referrals to services, and one two-hour group meeting per week (to teach parents computer skills and about child development issues).

Family Service Coordination

Extended or new program? First Steps funds enabled Allendale County to establish a new family service coordination program. ***Start date.*** The program began in October 2001. ***Number of families.*** A total of 42 families participated. ***Population served.*** The population served was at-risk families with children between the ages of zero and five. ***Key activities.*** Families received one to two hours of service per month. They were helped to identify their needs, create plans to meet those needs, and access appropriate services.

Neighborhood Van

Extended or new program? First Steps funding was used to stock a van with medical and educational materials. This was a new program. ***Start date.*** The program began in September 2001. ***Number of families.*** Over 500 families received information and/or referrals. ***Population served.*** The target population was families (with children ages four and younger) who had only sporadic contact with government and private service agencies. ***Key activities.*** Staff took the van to various community sites (e.g., parks, churches) for scheduled community events; at these times, parents were engaged in parent education activities, information was provided about services, and children were enrolled in child care facilities.

■ Other

Clinic Child Care

Start date. Beginning in October 2001, First Steps funding was used to extend a program that offered child care while parents visited the Low Country Health Care System. ***Number of participants.*** Child care was provided for 716 children. ***Population served.*** Child care was provided for children between the ages of zero and five while their parents received health care. ***Key activities.*** The child care staff member provided activities designed to stimulate child development (e.g., puzzles, blocks, musical games), and provided materials to parents about the county's PAT program.

Library Program

Start date. A program designed to increase child care providers' access to books began in November 2001. ***Number of participants.*** The program served seven preschool and child care sites. ***Key activities.*** Program activities included bookmobile services and story times.

County Highlights and Looking Toward the Future

The biggest accomplishment in Allendale County was getting the County Partnership Board to work together and implement programs early. An important priority for the future is to build on the current collaborations and accomplish more for children. Another priority is to identify the children who are not currently being reached by programs. It is important for the county to reach and connect these other children to appropriate services that prepare them for school.

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Anderson County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	6,592
Under age 6	13,315
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	74.4%
Black only, non-Hispanic	20.7%
Other, non-Hispanic	3.2%
Hispanic	1.8%
Families with children < Age 6	
Total number of families	10,081
Married couple family	69.5%
Single householder	30.5%
Children < age 6 with all parents in labor force	61.3%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	26.6%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	18.7%
Very poor children < age 6 (1999)	8.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	43.3%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	19.0%
Birth-Risk	
Total number of births	2,217
Nonmarital births	37.5%
Births to mothers who lack high school diplomas	24.8%
Births to mothers < age 18	7.1%
Nonmarital and no diploma	16.6%
Low birthweight	8.3%
Inadequate prenatal care	14.9%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Anderson County Based on PERs

4K
- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- ✓ Caregiver Training
- Scholarships
- ✓ Other

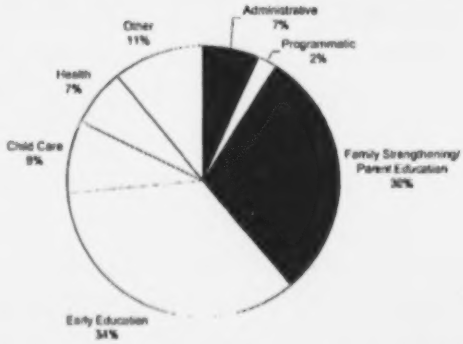
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- ✓ Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- ✓ Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,576,719, the Anderson County Partnership spent 34 percent on early education strategies and 30 percent on family strengthening/parent education. The Partnership spent 7 percent of its state allocation on administrative functions and exceeded its match requirement. The Partnership spent $117 per child ages zero to five residing in the county or $642 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? First Steps funds were used to open four new half-day 4K classrooms in School District 1 and to extend two half-day classrooms to full-day in School District 5. ***Number of children.*** The classrooms in District 1 served 77 children; the classrooms in District 5 served 40 children. ***Population served.*** Children with low developmental assessment (DIAL R) scores and other school readiness risk factors were served. ***Program model.*** All of the classrooms used the High/Scope curriculum.

Summer Readiness

Length of program. Half-day Summer Readiness programs that lasted four weeks were implemented in School Districts 2 and 4. The program in District 2 began on May 27, 2002; the program in District 4 began on June 3, 2002. ***Population served.*** Children were selected to participate based on delayed development in any school readiness dimension, educational level of parents, and/or identified disabilities.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in March 2001. ***Number of grantees.*** Grants were awarded to 11 child care providers. ***Key activities.*** Trained consultants visited grantees to evaluate their quality and needs; the consultants then conducted five site visits per grantee to help them improve their environments and materials.

Caregiver Training

Start date. First Steps funding was used to expand Department of Social Services training. Training was expanded from two School Districts to five School Districts. The sessions began in July 2001. ***Number of sessions.*** Training sessions were held monthly; three or four three-hour workshops were offered during each session. ***Topics.*** The four content areas of training were health, nutrition, and safety; child development; curriculum; and professional development.

Other Programs

Start date. A technical assistance component began in October 2001; other components began in July 2001. ***Description.*** As part of their fieldwork, four Anderson County college students studying early education provided technical assistance site visits to eight child care providers. Additionally, a referral guide was developed for community resources such as health and human service agencies, and a child care coalition was established.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funds were used to expand four Parents as Teachers (PAT) programs in Anderson County. ***Start date.*** School District 2's program began in March 2001; School District 3's program began in January 2002; School District 4's began in August 2001; and School District 5's began in July 2001. ***Number of families.*** A total of 160 families were served. ***Population served.*** The programs were open to all families in their respective school districts, however most of the families were at-risk. ***Key activities.*** Home visits were conducted, but the dosage varied by school districts, from one one-hour visit per month to one one-hour visit per week. Group meetings and parenting workshops were also provided.

Family Literacy

Extended or new program? First Steps funds were used to establish a new Family Literacy program in Anderson County. ***Start date.*** The program began in November 2001. ***Number of families.*** Thirteen families participated. ***Population served.*** The program served parents without a high school degree. ***Key activities.*** The program provided adult education two days per week (for a total of four hours each week), as well as parenting classes and child care.

Multiple Strategies

Extended or new program? A new program called Reading Enriches a Child (REACH) was implemented in Anderson County. The program coordinated the efforts of four existing book distribution programs (Reach Out and Read, Appalachian 1 Public Health District, Success by 6, and Books, Babies, and Beyond). ***Start date.*** The program began in November 2001. ***Key activities.*** REACH activities included bi-monthly networking meetings of the four programs. First Steps funds were also used to purchase books and videos.

■ Health

Home Based Health Services

Extended or new program? A new Home Based Health Services program was implemented. ***Start date.*** The program began in December 2001. ***Population served.*** The program was targeted to children (up to first grade) and their families; participating children were underinsured and had a health risk. ***Key activities.*** The program activities were designed to address various needs of families (e.g., food security, access to health care).

Community Nurse

Extended or new program? First Steps funds were used to extend an existing community nurse program. ***Start date.*** The program began in January 2001. ***Number of families.*** A total of 402 families were served. ***Population served.*** The program served expectant mothers and parents of children up to age five, who were not covered by Medicaid or private insurance. ***Key activities.*** The program provided workshops on child development and health care.

County Highlights and Looking Toward the Future

According to Anderson County's Executive Director, the County Partnership's greatest accomplishment was fully implementing all of their planned programs in a timely manner. Participating parents reported that they were very satisfied with the programs. In addition, a coalition of child care providers was established to assess how to better serve children in child care programs. In the future, the County Partnership would like to see more collaboration and to provide more opportunities for child care providers to obtain training and professional development. They plan to continue with and grow from the programs they have implemented.

Bamberg County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	624
Under age 6	1,261
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	31.5%
Black only, non-Hispanic	66.0%
Other, non-Hispanic	1.7%
Hispanic	0.9%
Families with children < Age 6	
Total number of families	961
Married couple family	54.7%
Single householder	45.3%
Children < age 6 with all parents in labor force	64.8%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	53.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	39.5%
Very poor children < age 6 (1999)	17.1%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	70.2%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	12.0%
Birth Risk	
Total number of births	233
Nonmarital births	53.6%
Births to mothers who lack high school diplomas	24.5%
Births to mothers < age 18	5.2%
Nonmarital and no diploma	15.5%
Low birthweight	9.9%
Inadequate prenatal care	27.5%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Bamberg County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- Quality Enhancement Grants
- Caregiver Training
- Scholarships
- ✓ Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

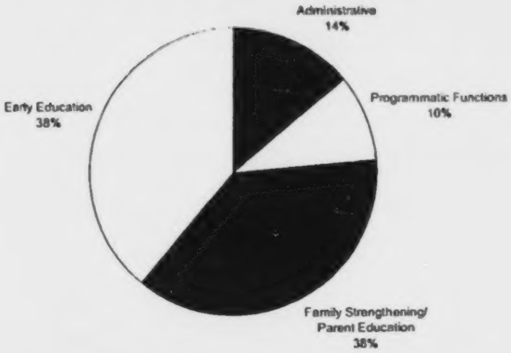
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $372,164, the Bamberg County Partnership spent 38 percent on early education and 38 percent on family strengthening. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $295 per child ages zero to five residing in the county or $730 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Two new full-day 4K classrooms were opened in an existing 4K program in Bamberg County. ***Start date.*** The classrooms began in August 2001. ***Number of children.*** A total of 40 full-day slots were available, 37 of which were filled. ***Population served.*** The target population was four-year-old children with low scores on the DIAL 3 developmental screening instrument. ***Program model.*** The classrooms used the High/Scope and High Reach curricula. ***Next steps.*** Plans are to continue the classes in the coming school year, and possibly to provide additional funding for the program.

Summer Readiness

Length of program. Summer Readiness programs were implemented in School Districts 1 and 2. In School District 1, two 10-day sessions were offered; in School District 2, a four-week session was offered. Each were half-day programs that began on June 3, 2002. ***Number of children.*** In District 1, 20 children were served in the first session and 19 children were served in the second session. In District 2, a total of 31 children were served in two classrooms. ***Program model.*** District 1's curriculum—written by the teachers and the coordinator of the Family Childhood Program—provided appropriate learning opportunities in language arts, mathematics, social studies, science, physical development, the arts, and social skills. District 2's program used the High/Scope curriculum.

■ Child Care

Curriculum Implementation

Start date. The child care strategy adopted in Bamberg County was to help child care providers implement the High Reach Curriculum, currently used in 4K classrooms in School District 1. The program began in December 2001. ***Number of participants.*** Fifteen child care providers participated. ***Key activities.*** The Executive Director visited each child care provider to deliver and explain the High Reach Curriculum materials. The Executive Director also provided instruction on various topics (e.g., assessing child development, organizing parent-teacher conferences). After this initial meeting, the child care directors were responsible for implementing the curriculum and training caregivers. ***Next steps.*** Plans for the future include monitoring data from newly implemented child assessment systems.

■ Family Strengthening

Parents as Teachers

Extended or new program? Two existing Parents as Teachers (PAT) programs were extended in Bamberg County using First Steps funds. In School District 1, two additional Parent Educators and one Parent Educator Coordinator were hired. In School District 2, two additional Parent Educators were hired. ***Start date.*** District 1's program began in March 2002; District 2's program began in October 2001. ***Number of families.*** First Steps funded staff served a total of 67 families in Districts 1 and 2. ***Population served.*** The District 1 program provided services for any families with children between the ages of zero and three who were interested in participating; many participants were at-risk due to referrals from agencies such as Even Start. District 2 served at-risk families with children ages two and three. ***Key activities.*** During two home visits per month, District 1's parent educators worked to improve parenting and other skills in families. In District 2, parent educators used PAT's Born to Learn curriculum in order to help parents strengthen their parenting skills, to increase their knowledge of child development, and to prepare children for school through developmentally appropriate interactive learning activities and the provision of learning materials, books, and toys. Additionally, monthly group meetings were help for the parents in both School Districts.

■ Other

Home Lending Library

Start date. Starting in May 2002, Bamberg County had a home lending library program designed to serve all pre-kindergarten children and their parents. ***Number of children served.*** The program was utilized by 506 children and eight Head Start teachers. ***Key activities.*** Bags containing age-appropriate books and other materials were available for families to borrow. The program purchased 1,500 books and seven computers.

County Highlights and Looking Toward the Future

According to Bamberg County's Executive Director, the biggest accomplishment was implementing all of their programs. Specifically, opening new 4K classrooms allowed more young children to be in a school environment with certified teachers. Priorities for the future include ensuring that all programs continue and to further enhance programs for parents.

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Barnwell County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,003
Under age 6	2,009
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	45.2%
Black only, non-Hispanic	50.2%
Other, non-Hispanic	2.6%
Hispanic	1.9%
Families with children < Age 6	
Total number of families	1,457
Married couple family	57.9%
Single householder	42.1%
Children < age 6 with all parents in labor force	60.2%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	46.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	29.4%
Very poor children < age 6 (1999)	18.3%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	65.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	6.0%
Birth-Risk	
Total number of births	330
Nonmarital births	51.8%
Births to mothers who lack high school diplomas	19.4%
Births to mothers < age 18	6.4%
Nonmarital and no diploma	12.7%
Low birthweight	11.2%
Inadequate prenatal care	34.2%

[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Barnwell County Based on PERs

4K

Half Day
✓ Full Day
Other

Summer Readiness

Any Program

Child Care

Quality Enhancement Grants
Caregiver Training
Scholarships
Other

Family Strengthening

✓ Parents as Teachers
✓ Parent Child Home
✓ Family Literacy
ESL
✓ Other or Multiple Strategies

Health

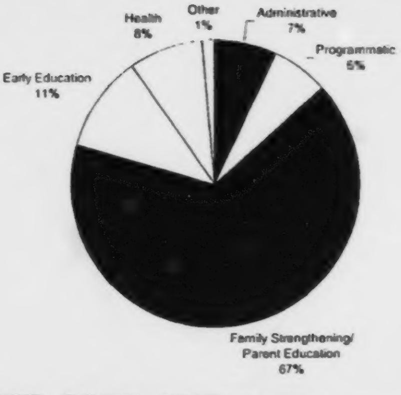
✓ Postpartum Home Visits
Other Strategies

Other

Transportation
Public Awareness
✓ Library Program
Other Strategies

Fiscal Information

Out of total spending of $554,751, the Barnwell County Partnership spent 67 percent on family strengthening and 11 percent on early education. The Partnership spent 8 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $276 per child ages zero to five residing in the county or $984 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Barnwell County School District 19 used First Steps funding to open additional classrooms in an existing 4K program. ***Start date.*** The classrooms began in October 2001. ***Number of children.*** First Steps funds were used to serve 40 children in half-day classrooms. ***Population served.*** The classes served children with high needs, such as delayed development, low language levels, low screening measure (DIAL-R) scores, behavior problems, identified disabilities, and family risk factors, including low income, single parent household, young parents, parents with low educational levels, and family functioning problems. ***Program model.*** This classrooms used the High/Scope model.

■ Family Strengthening

Parents as Teachers & Parent Child Home

Extended or new program? First Steps funds were used to extend existing programs in School Districts 19, 29, and 45 that each used a combination of the Parents as Teachers (PAT) and Parent Child Home (PCH) models. Using First Steps funding, two additional parent educators and one parent education coordinator were hired in District 29; the parenting program coordinator and home visitors in District 19 were extended from part time to full time; and two full time parent educators were hired in District 45. ***Start date.*** School District 19's program began in September 2001; School District 29's program began in October 2001; School District 45's program began in September 2000. ***Population served.*** Each program served at-risk parents; risk factors included low income, single status, unemployment, low educational attainment, and multiple children. Families had at least one child between the ages of two and three. ***Key activities.*** In School District 19, services included home visits to address parenting skills, monthly group meetings for parents, and a Parent Resource Center (e.g., lending library of toys/books; books/videos for parents; informal drop-in times to see a parent educator). In School District 29, home visits were provided once per week for an hour. Workshops and group discussions were held on topics of parents' choice, including health and insurance issues, safety, and child development. In School District 45, parent educators visited each family for half an hour twice per week to model appropriate ways for parents to interact with their children.

Family Literacy

Extended or new program? First Steps funds were used to extend an existing Family Literacy program by hiring an early childhood education coordinator. ***Start date.*** This program began in January 2002. ***Number of families.*** The program was not fully implemented in fiscal year 2001-02; therefore they did not serve any families. ***Population served.*** The target population will be at-risk families with children between the ages of three and five. Risk factors will include low family income; single parent household; multiple births; low birth weight children; parents with low education levels; teen parents; siblings testing not ready for school; poor, inadequate, or no prenatal care; children with disabilities or chronic conditions; and families living in substandard housing. ***Key activities.*** Implementation activities were undertaken, including training activities for the director; obtaining toys, books, and other materials; setting up a new Developmental Library; and arranging and furnishing a space.

Volunteer Reader Program

Extended or new program? First Steps funds were used to extend an existing volunteer reader home visitation program through the addition of one coordinator and one outreach worker. ***Start date.*** This program began in October 2000. ***Population served.*** The population served was low income families with children ages zero to five who were receiving some sort of state aid and/or were at or below the poverty level. ***Key activities.*** A volunteer reader visited children and parents at home to read for about 30 minutes per week for 30 weeks. Parents observed the sessions to learn techniques for reading and involving their child in reading activities.

■ Health

Health/Medical Outreach

Extended or new program? An existing health home visitation program was extended using First Steps funds. ***Start date.*** The program began in July 2001. ***Number of families.*** The program served a total of 204 families with 163 children. ***Population served.*** The population served included children ages zero to two who had a history of missing screenings, check-ups, and immunization appointments. ***Key activities.*** The main program activities included a single one-hour home visit by an outreach worker, and follow-up visits, if necessary. Outreach workers helped the families schedule well baby check-up, screening, and immunization appointments.

■ Other

Library Program

Start date. A library program was implemented in Barnwell County in January 2001. ***Population served.*** The program served children between the ages of three and five. ***Number of children.*** The program served 67 at-risk children. ***Key activities.*** The program provided weekly story hours in libraries and other locations throughout the county, and taught children and their families how to use the library and its services. In addition, story time visits were made to 12 child care centers, two Head Start centers, and two churches.

County Highlights and Looking Toward the Future

According to Barnwell County's Executive Director, a major accomplishment was achieving a high level of collaboration within the county. In particular, there was a great deal of collaboration within the Parenting Advisory Board, as well as among community members to get the Partnership Board formed. Other collaborators included the State Department of Education's Office of Early Education and the Barnwell County Career Center (which informed child care providers about developmentally appropriate practices). In the future, the County Partnership would like to provide more quality programs to children and foster greater parent involvement.

Beaufort County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	4,929
Under age 6	9,691
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	56.4%
Black only, non-Hispanic	28.8%
Other, non-Hispanic	3.9%
Hispanic	10.9%
Families with children < Age 6	
Total number of families	7,158
Married couple family	73.7%
Single householder	26.3%
Children < age 6 with all parents in labor force	56.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	41.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	15.5%
Very poor children < age 6 (1999)	5.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	38.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	8.0%
Birth Risk	
Total number of births	1,887
Nonmarital births	32.7%
Births to mothers who lack high school diplomas	15.9%
Births to mothers < age 18	3.9%
Nonmarital and no diploma	9.2%
Low birthweight	6.5%
Inadequate prenatal care	62.5%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Beaufort County Based on PERs

4K
- Half Day
- Full Day
- Other

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

Health
- Postpartum Home Visits
- ✓ Other Strategies

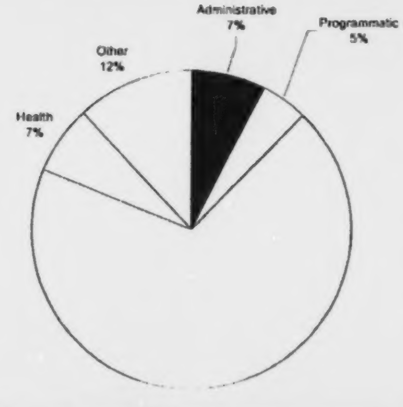
Summer Readiness
- Any Program

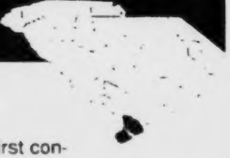
Family Strengthening
- Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,324,199, the Beaufort County Partnership spent 69 percent on their child care strategy. The Partnership spent 9 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $137 per child ages zero to five residing in the county or $902 per child living in poor county families.





Program Profiles

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in October 2001. ***Number of grantees.*** Grants were awarded to 52 child care providers. Grants ranged from $2,500 to $10,000. ***Key activities.*** Each grantee received a baseline assessment and three site visits in order to help them develop quality improvement plans. Through phone calls and additional visits, mentors worked with the providers to help them achieve their goals. The majority of the child care providers were involved in professional development, equipment purchases, and improvements in safety. ***Next steps.*** Future plans include expanding the mentor program and training opportunities for child care providers.

■ Family Strengthening

Multiple Strategies

Extended or new program? A new Healthy Families America (HFA) program that incorporated elements of Parents as Teachers (PAT) was implemented in Beaufort County. ***Start date.*** The program began in April 2002. ***Population served.*** The program served at-risk families with children under age five who resided in two high risk and underserved geographic areas. ***Key activities.*** The program used HFA as the core model for delivering services to at-risk families, but used the PAT curriculum for the parenting components. Four family support workers initially conducted weekly home visits lasting one and a half to two hours; as the program progressed, the frequency of home visits was reduced according to families' schedules and levels of self-sufficiency. Group meetings were also held; their frequency was reduced from a monthly to a quarterly basis.

Family Learning Connections

Extended or new program? A new program called Family Learning Connections, designed to bring together existing service providers and improve families' access to supports and services, was implemented. ***Start date.*** The program began in September 2001. ***Population served.*** The target participants were families with children ages zero to five who lived in communities deemed "at-risk" due to children's low Cognitive Skills Assessment Battery (CSAB) scores, a high percentage of students qualifying for free lunches, and/or limited resources. ***Key activities.*** Staff from agencies that provide family support and education services met every other week to create joint assessments for families, to participate in joint individual or family treatment staffing, to consult, to train, and to create consolidated accountability reports. ***Next steps.*** In the future, the Partnership Board is looking to grow in the direction of joint funding opportunities, expanded membership and collaborations, and social marketing/public awareness.

■ Health

Child Health Consultants Program

Extended or new program? A new program called the Child Health Consultants program worked with the county's child care providers as well as directly with families and children. ***Start date.*** The program began in stages. The first consultant was hired in November 2001, and the second in February 2002. ***Key activities.*** There were three planned components of the program: 1) working with child care quality enhancement grantees; 2) working directly with families and children to link them with health education and related resources; and 3) providing free car seats and instruction on how to install them properly. ***Number of participants.*** Consultants worked with each of the 52 quality enhancement grantees to create customized health and safety plans. In addition, a total of 276 car seats and instructions on proper installation were distributed to families. ***Next steps.*** In the future, the program will fully implement all components of the program, including hands-on training for child care workers, and direct interaction with families to provide health and safety information and to identify families in need of medical and dental services.

County Highlights and Looking Toward the Future

In Beaufort County, the biggest accomplishment was working with 52 child care providers to enhance their learning environments. Through this strategy, First Steps was able to reach a total of 2,400 children. A priority for the future is to provide services for even more families than are currently being served.

Berkeley County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	6,214
Under age 6	12,323
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	63.2%
Black only, non-Hispanic	28.3%
Other, non-Hispanic	4.9%
Hispanic	3.6%
Families with children < Age 6	
Total number of families	9,348
Married couple family	71.9%
Single householder	28.1%
Children < age 6 with all parents in labor force	62.2%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	40.7%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	16.1%
Very poor children < age 6 (1999)	7.5%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	46.5%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	8.0%
Birth-Risk	
Total number of births	2,114
Nonmarital births	33.5%
Births to mothers who lack high school diplomas	15.7%
Births to mothers < age 18	4.0%
Nonmarital and no diploma	10.2%
Low birthweight	8.1%
Inadequate prenatal care	13.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Berkeley County Based on PERs

4K
- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

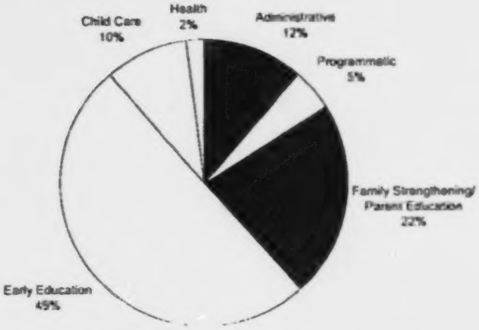
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,506,385, the County Partnership spent 49 percent on early education and 22 percent on family strengthening. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $122 per child ages zero to five residing in the county or $801 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Berkeley County School District extended one half-day 4K classroom to a full-day classroom, and also added full-day 4K classrooms to existing programs in five other schools. In addition, two new half-day 4K classrooms were added at another elementary school. ***Start date.*** All except one of the First Steps funded 4K classrooms began operating in August 2001. The other classroom began in January 2002. ***Number of children.*** A total of 108 children were served in the six full-day 4K classrooms. Thirty-eight children were enrolled in the two half-day classrooms. ***Population served.*** The seven schools were selected to participate because of large numbers of children testing not ready for school in 2001, and because they had other risk factors including high percentages of children qualifying for free or reduced price lunches and children eligible for Medicaid. ***Program model.*** Five of the full-day classrooms and both of the half-day classrooms used the High/Scope curriculum. The other full-day classroom used Creative Curriculum. ***Next steps.*** Plans for the future include reducing class sizes to a maximum of 15 to 17 students. High/Scope curriculum training will be required again due to changes in staffing.

Summer Readiness

Length of program. The Summer Readiness program in Berkeley County lasted for three weeks in June 2002. ***Number of children.*** A total of 387 children attended the program. ***Population served.*** The program served children with delays in any area of their development, children in poverty, children with siblings performing poorly in school, and children of parents with a low level of educational attainment. ***Program model.*** The High/Scope curriculum was used in the Summer Readiness classrooms. All children received developmental needs assessments to better identify instructional priorities. Transportation and meals were provided for children.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in January 2002 in Berkeley County. ***Number of grantees.*** Grants ranging from $3,753 to $10,000 were awarded to 13 child care providers (four private center-based providers, six family-based providers, and three Head Start providers). ***Key activities.*** Grantees received an average of three technical assistance site visits. Grantees purchased equipment and supplies and made improvements in safety. ***Next steps.*** A mentoring component will be added to the program.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to establish a new Parents as Teachers (PAT) program in Berkeley County. ***Start date.*** Families were first seen in December 2001. ***Number of families.*** The program served 180 families; 46 families dropped out before completing the program. ***Population served.*** The PAT program served at-risk families with children between the ages of zero and 47 months. ***Key activities.*** The program included bi-weekly home visits, monthly group meetings, developmental screening of children, and referrals to social services and community resources. ***Next steps.*** Future plans include working with health care providers and hospitals for recruitment of new families. In addition, a bilingual home visitor will be hired to address the needs of Spanish-speaking families.

■ Health

Home Visitation

Extended or new program? A new health home visitation program modeled on the Child Health Maintenance Services provided by DHEC staff was implemented in Berkeley County. ***Start date.*** The program began in March 2002. ***Number of families.*** The program served 78 families. ***Population served.*** This program served uninsured or non-Medicaid eligible families with children ages zero to five living in areas with low school readiness scores. Also targeted were Medicaid eligible children in need of First Steps interventions for which Medicaid does not pay. ***Key activities.*** The unit of service was one one-hour home visit a month per family by a registered nurse. On average, each of the 78 families received three home visits between March and June. The content covered during home visits included parent education, nutrition, health habits, and injury prevention. Services also included linking families to primary care providers.

County Highlights and Looking Toward the Future

Berkeley County's greatest First Steps-related accomplishment thus far has been implementing the programs and meeting the needs of many families throughout the county. A major goal during the past year was to incorporate literacy elements into each of the different strategies. A high priority for the future of the county's First Steps is to raise awareness of First Steps in the general public.

Calhoun County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	572
Under age 6	1,147
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	40.4%
Black only, non-Hispanic	55.3%
Other, non-Hispanic	1.7%
Hispanic	2.6%
Families with children < Age 6	
Total number of families	884
Married couple family	65.6%
Single householder	34.4%
Children < age 6 with all parents in labor force	63.4%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	68.8%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	18.6%
Very poor children < age 6 (1999)	9.1%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	54.1%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	2.0%
Birth-Risk	
Total number of births	193
Nonmarital births	44.6%
Births to mothers who lack high school diplomas	21.8%
Births to mothers < age 18	7.8%
Nonmarital and no diploma	17.6%
Low birthweight	7.8%
Inadequate prenatal care	35.2%

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[1] Except where otherwise noted, all data are for 2000

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Calhoun County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

Health

- Postpartum Home Visits
- Other Strategies

Summer Readiness

- ✓ Any Program

Family Strengthening

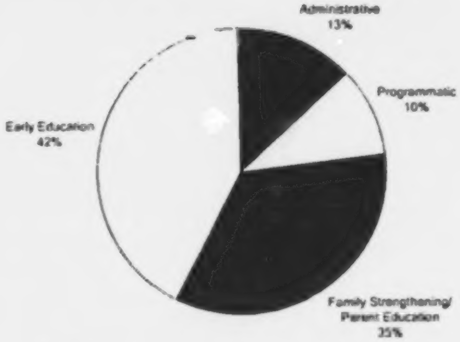
- Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $281,394, the County Partnership spent 42 percent on early education. The Partnership spent 9 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $245 per child ages zero to five residing in the county or $1,340 per child living in poor county families.



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Program Profiles

Early Education

4K

Extended or new program? Two new full-day 4K classrooms were opened in Calhoun County. ***Number of children.*** There were 40 classroom slots available, 36 of which were filled. ***Population served.*** The population served by this program was at-risk children. Risk factors were based on low family income, parents' marital status, parents' education level, parents' age, family functioning problems, identified disabilities, delayed development in any area of school readiness, and DIAL-R scores. ***Program model.*** The two classrooms incorporated elements of High/Scope and other curricula.

Summer Readiness

Length of program. Calhoun County had a three-week summer readiness program. ***Number of children.*** The program served 38 children in three half-day classrooms. ***Population served.*** The program served at-risk students entering first grade. ***Program model.*** The program used the High/Scope curriculum.

Child Care

Quality Enhancement

Start date. Calhoun County's child care quality enhancement program was implemented in January 2002. The program was a mini-grants initiative designed for child care providers to improve their quality and licensure status through on-site technical assistance and the funding of training or materials. ***Number of grantees.*** One child care provider applied for the $500 grant, but dropped out. Therefore, no grants were awarded. ***Next steps.*** An information forum was held in June 2002 to invite churches to become child care providers and to encourage family-based providers to become involved in the T.E.A.C.H. program. The County Partnership Board's Child Care Committee is in the process of making plans for next year.

Family Strengthening

Multiple Strategies

Extended or new program? First Steps funding was used to hire three additional parent educators for an existing home visiting program. The program used the Family Oriented Structured Preschool Activity (FOSPA) model, plus the Motheread curriculum to encourage parent and child literacy. ***Start date.*** The three new parent educators began working with families in October 2001. ***Number of families.*** A total of 62 families were served by the First Steps funded parent educators. ***Population served.*** The program targeted parents of children ages zero to five in at-risk categories, such as parents who were teenagers, low literacy, single, low income, involved with social services, or who had a developmentally delayed child. ***Key activities.*** Home visits were to be conducted weekly for one hour. During the home visits, staff provided FOSPA activity kits and reading classes. There was also a monthly group meeting featuring workshops on various topics. ***Next steps.*** There is a need to serve more Hispanic families.

County Highlights and Looking Toward the Future

According to Calhoun County's Executive Director, the county's biggest accomplishment was implementing their home visitation program. They set a goal to work with a certain number of families and were able to reach that goal. A priority for the future of Calhoun County First Steps is to successfully recruit child care providers through their quality enhancement initiative so that more of the county's child care will be ABC Enhanced.

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Charleston County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	12,253
Under age 6	23,657
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	52.0%
Black only, non-Hispanic	40.6%
Other, non-Hispanic	3.9%
Hispanic	3.5%
Families with children < Age 6	
Total number of families	17,794
Married couple family	62.9%
Single householder	37.1%
Children < age 6 with all parents in labor force	60.8%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	34.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	23.6%
Very poor children < age 6 (1999)	12.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	50.2%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	21.0%
Birth-Risk	
Total number of births	4,586
Nonmarital births	41.7%
Births to mothers who lack high school diplomas	18.6%
Births to mothers < age 18	4.8%
Nonmarital and no diploma	15.0%
Low birthweight	10.0%
Inadequate prenatal care	18.4%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Charleston County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- Parents as Teachers
- Parent Child Home
- ✓ Family Literacy
- ✓ ESL
- ✓ Other or Multiple Strategies

Health

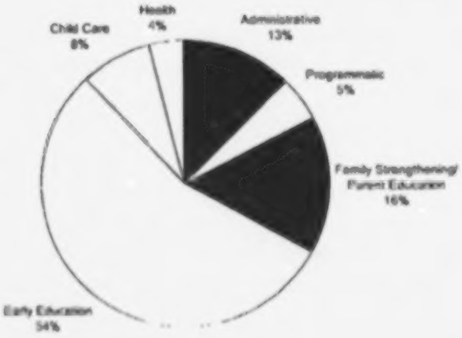
- ✓ Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,828,662, the Charleston County Partnership spent 54 percent on early education and 16 percent on family strengthening. The Partnership spent 15 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $77 per child ages zero to five residing in the county or $326 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? First Steps funds were used to add ten full-day classrooms to existing 4K programs. ***Start date.*** The classrooms began in August 2001. ***Number of children.*** The ten full-day classrooms had the capacity to serve 200 children; a total of 219 children were served throughout the year (this number is greater than 200 because a number of children dropped out and were replaced by other children). ***Population served.*** The target population was children with high needs, particularly low screening (DIAL 3) scores. ***Program model.*** The program used the High/Scope curriculum.

Summer Readiness

Length of program. The Summer Readiness program in Charleston County began on June 17, 2002 and lasted four weeks. ***Number of children.*** Two hundred, seventy children enrolled in the program. ***Population served.*** Children with delayed development in any area of school readiness were selected to participate. ***Program model.*** This was a half-day program, offered four days per week. The program used a modification of the High/Scope curriculum.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in February 2002. ***Number of grantees.*** Grants averaging $3,300 were given to 24 child care providers. ***Key activities.*** Every grantee received an initial assessment, technical assistance, and the opportunity to participate in three training sessions. Grantees used the funds awarded to them to purchase materials.

Child Care Scholarships

Number of scholarships. Child Care scholarships were provided for 44 children from 36 families in 2002.

■ Family Strengthening

Family Literacy

Extended or new program? A new component was added to an existing program in Charleston County. The Motheread/Fatheread program was added to 15 School District "Preschool Clubs." ***Start date.*** The program began in January 2002. ***Number of families.*** The programs served 255 families. ***Population served.*** Preschool Clubs were open to all families with children between the ages of zero and six. ***Key activities.*** The Motheread/Fatheread program teaches literacy skills to both adults and children. The program was provided once per month for two hours. Families received books to take home.

ESL

Extended or new program? First Steps funding was used to extend four existing ESL programs targeted to parents. ***Start date.*** Start dates ranged from December 2001 to February 2002. ***Number of families.*** A total of 53 families were served by three of the four programs; the fourth program was unable to recruit parents and had to close. ***Population served.*** The programs served adults whose primary language was not English and who were the parents or primary caregivers of children ages zero to five. ***Key activities.*** ESL classes were provided for parents for between nine and 12 weeks.

Home Visitation

Extended or new program? First Steps funding was used to support an existing home visitation program that served at-risk single mothers of infants and toddlers. ***Start date.*** First Steps-funded families were first seen in December 2001. ***Number of families.*** The program served 35 families. ***Population served.*** The program served single mothers (many of whom were teen mothers) who were at risk for child abuse and neglect. ***Key activities.*** During a one-hour home visit, mother-child interactions were videotaped and then reviewed and discussed by the mother and home visitor to provide feedback to the mother on appropriate parent-child interactions. In addition, referrals were made to adult education programs (e.g., GED classes, literacy classes) and child services, as needed. ***Next steps.*** The program will not seek First Steps funding for fiscal year 2002-2003.

■ Health

Home Visitation

Extended or new program? Two new home health visitation programs were implemented in Charleston County. ***Start date.*** The first program began in January 2002; the second began in April 2002. ***Number of families.*** The first program served 246 families; the second served five families. ***Population served.*** Both programs served families with children between the ages of zero and five who were uninsured and not eligible for Medicaid services. ***Key activities.*** Program activities included providing parent education during nurse home visits (which were provided once per month for one hour) and linking families to health resources.

County Highlights and Looking Toward the Future

According to Charleston County's Executive Director, the county's biggest First Steps related accomplishment was implementing so many programs. They have taken a "whole child" approach by adopting many disparate strategies. Their highest priority is to successfully recruit the families most in need of services. It is oftentimes necessary to use creative means to ensure that the families who need services the most are actually participating.

Cherokee County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,300
Under age 6	4,472
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	69.3%
Black only, non-Hispanic	24.7%
Other, non-Hispanic	2.3%
Hispanic	3.7%
Families with children < Age 6	
Total number of families	3,384
Married couple family	64.5%
Single householder	35.5%
Children < age 6 with all parents in labor force	66.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	44.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	15.4%
Very poor children < age 6 (1999)	6.9%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	52.0%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	11.0%
Birth Risk	
Total number of births	784
Nonmarital births	38.9%
Births to mothers who lack high school diplomas	31.3%
Births to mothers < age 18	9.7%
Nonmarital and no diploma	16.8%
Low birthweight	11.9%
Inadequate prenatal care	21.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Cherokee County Based on PERs

4K
- ✓ Half Day
- Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- Quality Enhancement Grants
- ✓ Caregiver Training
- ✓ Scholarships
- ✓ Other

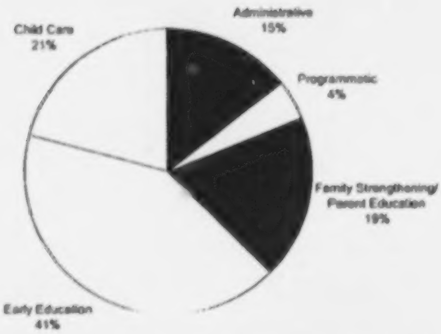
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $632,671, the Cherokee County Partnership spent 41 percent on early education and 19 percent on family strengthening. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $141 per child ages zero to five residing in the county or $922 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Four new half-day 4K classes were opened in existing programs in two schools in the Cherokee County School District. ***Start date.*** The classes began in August 2001. ***Number of children.*** Seventy-one children were enrolled in the four classrooms. ***Population served.*** The programs served children with characteristics that put them at risk of not being ready for school, particularly low developmental assessment (DIAL 3) scores, identified disabilities, or speech and language delays. Family risk factors were taken into consideration, including poverty, or living with a parent who is single, young, or has a low level of education. ***Program model.*** The programs began with the High/Scope curriculum but transitioned to Creative Curriculum during the spring. ***Next steps.*** Plans include implementing 4K programs in two child care centers, extending classes from half-day to full-day, and hiring a Hispanic parent liaison.

Summer Readiness

Length of program. The Summer Readiness program in Cherokee County began on May 28, 2002 and lasted for six weeks. Two classes were provided at each of four schools. ***Population served.*** The target population was 5K students not ready for first grade. ***Program model.*** This was a half-day program that used the Creative Curriculum. ***Next steps.*** This Summer Readiness program will not be funded next year

■ Child Care

Technical Assistance and Caregiver Training

Start date. Cherokee County First Steps implemented a child care quality enhancement program involving technical assistance and training in March 2002. ***Number of participants.*** Nineteen child care providers participated in the initiative. ***Key activities.*** Participating child care providers received technical assistance site visits from a child care specialist, who completed assessments of their environments and helped them develop plans for improving health and safety. In addition, a mandatory training session lasting two and a half hours was provided on relationships and interactions between caregivers and children. ***Next steps.*** Plans for the future of the program include attempting to recruit the county's other child care providers so that 100 percent eventually will participate.

Child Care Scholarships

Number of scholarships. Child care scholarships were provided for ten children from eight families.

■ Family Strengthening

Parents as Teachers

Extended or new program? An existing Parents as Teachers (PAT) program was extended in Cherokee County. First Steps funds were used to hire three PAT educators. ***Start date.*** First Steps-funded PAT educators began working with families in October 2001. ***Population served.*** The program was open to any family in the county with children between the ages of zero and five. ***Key activities.*** Families received home visits every two weeks. ***Next steps.*** The program will continue with the addition of a Hispanic liaison.

County Highlights and Looking Toward the Future

According to Cherokee County's Executive Director, a big accomplishment was establishing a resource and lending library for parents to obtain books for their children, as well as information on child development, parenting, etc. A priority for the future is to provide services for the growing Hispanic, non-English speaking population. Another priority is to continue to engage child care providers in the quality enhancement initiative in order to help them pursue a higher level of quality.

Chester County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,397
Under age 6	2,778
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	52.3%
Black only, non-Hispanic	43.8%
Other, non-Hispanic	2.8%
Hispanic	1.2%
Families with children < Age 6	
Total number of families	2,082
Married couple family	60.0%
Single householder	40.0%
Children < age 6 with all parents in labor force	68.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	40.2%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	24.0%
Very poor children < age 6 (1999)	15.9%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	56.7%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	3.0%
Birth-Risk	
Total number of births	514
Nonmarital births	54.9%
Births to mothers who lack high school diplomas	25.1%
Births to mothers < age 18	8.6%
Nonmarital and no diploma	19.5%
Low birthweight	10.1%
Inadequate prenatal care	30.7%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Chester County Based on PERs

4K
- Half Day
- Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- ✓ Caregiver Training
- Scholarships
- Other

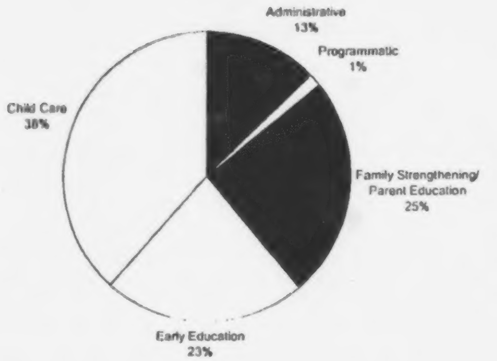
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $307,459, the Chester County Partnership spent 38 percent on child care and 25 percent on family strengthening. The Partnership spent 12 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $111 per child ages zero to five residing in the county or $466 per child living in poor county families.



Program Profiles

■ Early Education

Summer Readiness

Length of program. The Summer Readiness program in Chester County lasted four weeks in June 2002. ***Number of children.*** One hundred and four children were served. ***Population served.*** Students determined not ready for first grade were targeted. ***Program model.*** The program was implemented in three elementary schools for three hours each day. The classrooms used Creative Curriculum.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in May 2002. ***Number of grantees.*** Grants were awarded to 13 child care providers. Grants ranged from $2,500 to nearly $10,000. ***Key activities.*** Grants were given in the form of credit to order books, music, supplies, and rugs from a catalogue. Some grantees received site visits. ***Next Steps.*** Chester County First Steps plans to implement a more developed quality enhancement program in fiscal year 2002-03. Grantees will be required to develop Individual Improvement Plans, and technical assistance will be provided in a systematic way.

Caregiver Training

Start date. Chester County First Steps contracted with the Chester County School District Adult Education Child Care Training Team to expand a training program for child care providers. The training sessions began in September 2001. ***Number of sessions.*** Classes were held on five Saturdays over the course of the program year. Five different three-hour courses were offered on each of the five Saturdays; each course was taught twice each day. The courses were designed to help child care providers fulfill the requirements necessary for continued licensure. ***Attendance.*** The total attendance was 1,027; 109 caregivers received a total of 12 hours or more of training. ***Next steps.*** Chester County First Steps will not renew the contract with the school district. Instead, First Steps staff will operate the program.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funds were used to extend an existing Parents as Teachers (PAT) program. Funds were used to hire and train four additional home visitors. ***Start date.*** The First Steps-funded home visitors began working with families in April 2002. ***Number of families.*** Thirty-one families were served. ***Key activities.*** The program consisted of two home visits per month plus monthly group meetings for parents. The model used included a focus on child development, literacy for children and parents, and referrals to other services.

County Highlights and Looking Toward the Future

According to Chester County's Executive Director, the county's Summer Readiness program was highly successful because they were able to serve a large number of children using quality programming. Their child care quality enhancement initiative was also successful; the initiative will be improved next year with the addition of a mentoring component. An additional plan for the future is to think about implementing a 4K program.

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Chesterfield County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,716
Under age 6	3,522
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	54.9%
Black only, non-Hispanic	38.6%
Other, non-Hispanic	2.9%
Hispanic	3.6%
Families with children < Age 6	
Total number of families	2,654
Married couple family	63.3%
Single householder	36.7%
Children < age 6 with all parents in labor force	63.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	43.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	28.4%
Very poor children < age 6 (1999)	15.4%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	62.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	3.0%
Birth-Risk	
Total number of births	619
Nonmarital births	48.0%
Births to mothers who lack high school diplomas	29.1%
Births to mothers < age 18	9.5%
Nonmarital and no diploma	21.3%
Low birthweight	13.7%
Inadequate prenatal care	32.6%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Chesterfield County Based on PERs

4K
- ✓ Half Day
- Full Day
- ✓ Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- ✓ Caregiver Training
- Scholarships
- Other

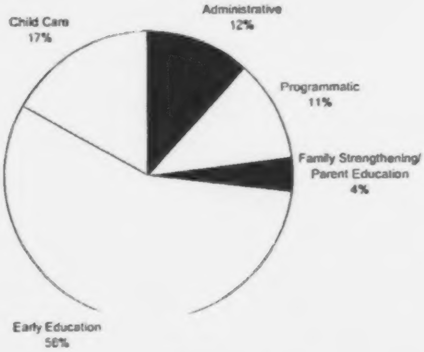
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $529,246, the Chesterfield County Partnership spent 56 percent on early education and 17 percent on child care strategies. The Partnership spent 13 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $150 per child ages zero to five residing in the county or $557 per child living in poor county families.



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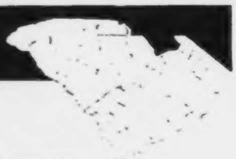

Program Profiles

■ Early Education

4K

Extended or new program? Chesterfield County School District opened three new half-day 4K classrooms in an existing 4K program. ***Start date.*** The classrooms began at the beginning of the 2001-02 school year. ***Number of children.*** A total of 46 children were served. ***Population served.*** The program was targeted to at-risk children, especially children with delayed development in any school readiness dimension (as determined by using the DIAL-R screening assessment). ***Next steps.*** Plans for the future of the program include exploring the possibility of expanding to full-day programming, implementing an established, developmentally appropriate curriculum, providing appropriate training for teachers if an established curriculum is adopted, and introducing a First Steps liaison position to coordinate implementation and evaluation duties.

Summer Readiness

Length of program. Beginning on June 3, 2002, a Summer Readiness program was held four days per week for four weeks. ***Number of children.*** The program provided services to 61 children in seven classrooms. ***Population served.*** The program was targeted to an at-risk population; a rating scale was used to assess needs and risks. ***Program model.*** The program used the High/Scope curriculum in full-day classrooms. ***Next steps.*** The School District is considering providing training for teachers on the High/Scope curriculum.

5K Home Visitation

Extended or new program? An existing kindergarten (5K) home visitation program was expanded from one elementary school to all elementary schools in the school district. ***Start date.*** Home visits were conducted in July and August 2001. ***Population served.*** All families with children enrolled in kindergarten were targeted. ***Key activities.*** Teachers conducted home visits to provide families with packets of materials, including school and craft supplies and suggestions about how parents could help their children become ready for school. ***Next steps.*** Plans for the future include additional efforts to have parents register their children for kindergarten early and to provide parents with children in 4K and other programs with information about the home visits earlier in the year.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in January 2002. ***Number of grantees.*** Grants were provided to nine child care providers in order to help them improve their quality and pursue the next highest level of licensure/accreditation. Grants averaged about $7,000 each. ***Key activities.*** Grants were used to purchase materials and supplies. ***Next steps.*** In the future, environmental rating scales will be used as pre/post measures of program quality. In addition, incentives will be provided for grantees to get involved in staff training.

Caregiver Training

Start date. Training sessions were offered beginning in January 2002. ***Number of sessions.*** Four training sessions were held over a four-month period. ***Attendance.*** In total, 165 caregivers attended the training sessions. ***Topics.*** The topics of the sessions were checking children's growth and development, limit setting, early literacy, and creating effective learning centers. ***Next steps.*** In the future, a session will provide guidance on teaching problem solving skills and conflict management to children.

■ Family Strengthening

Parents as Teachers

New or extended program? A new Parents as Teachers (PAT) program with an incentive component was implemented in Chesterfield County. ***Start date.*** The program began in April 2002. ***Number of families.*** The program served 20 families. ***Population served.*** At-risk families were served; in particular, parents had one or more risk factors such as being first-time parents, single parents, teen parents, or parents on public assistance. Families in Chesterfield and Pageland townships were prioritized over other areas of the county because those areas had the lowest CSAB scores. ***Key activities.*** In addition to the home visitation component of the program, an incentive system was created. Parents received "baby bucks" when they kept their home visitation appointments or took part in other activities (e.g., taking part in WIC, making and keeping doctor's appointments). The "baby bucks" could be used to purchase toys and other supplies from the home visitors. The program also held two workshops for adolescent mothers.

County Highlights and Looking Toward the Future

According to Chesterfield County's Executive Director, the county's major accomplishment was implementing their programs. The Executive Director feels that more children are ready for school as a result of participating in the programs. There has also been positive feedback from parents and the community. In addition, nine child care centers became ABC Enhanced by participating in the quality enhancement initiative, therefore First Steps has raised the county's child care quality standard. In the future, the County Partnership would like for more children and families to have access to quality programs.

Clarendon County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,161
Under age 6	2,407
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	37.7%
Black only, non-Hispanic	57.6%
Other, non-Hispanic	1.5%
Hispanic	3.2%
Families with children < Age 6	
Total number of families	1,830
Married couple family	56.8%
Single householder	43.2%
Children < age 6 with all parents in labor force	61.4%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	59.2%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	31.7%
Very poor children < age 6 (1999)	16.5%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	76.8%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	5.0%
Birth-Risk	
Total number of births	440
Nonmarital births	54.5%
Births to mothers who lack high school diplomas	24.8%
Births to mothers < age 18	7.0%
Nonmarital and no diploma	17.3%
Low birthweight	10.7%
Inadequate prenatal care	34.3%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Clarendon County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

Family Strengthening

- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

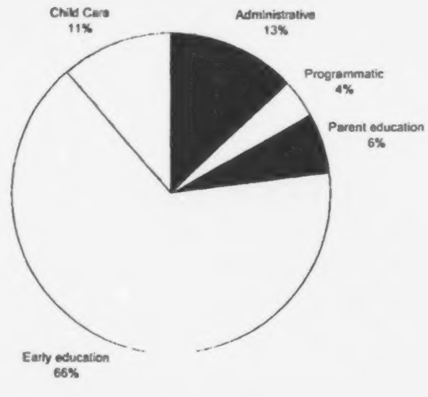
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $448,130, the Clarendon County Partnership spent 66 percent on early education and 11 percent on child care. The Partnership spent 11 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $186 per child ages zero to five residing in the county or $596 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? New full-day classrooms were added to existing 4K programs in School Districts 1, 2, and 3. First Steps funds were used for two classrooms in District 1, two in District 2, and one in District 3. ***Start date.*** In Districts 1 and 3, the programs began in August 2001. In District 2, the program began in October 2001. ***Number of children.*** Across the three programs, 90 children were served. ***Population served.*** The District 1 and 2 programs targeted children already registered for part-day 4K programs who were identified as at risk of being not ready for school (based on low DIAL 3 scores, single caretaker, and caretaker with low educational attainment). The District 3 program had planned to target children at risk of being not ready for school; actual participant characteristics were not recorded. ***Program model.*** The classrooms in District 1 used Creative Curriculum. The classrooms in Districts 2 and 3 incorporated elements of High/Scope and other curricula. ***Next steps.*** In future years, Districts 1 and 2 plan to employ the High/Scope curriculum. District 2 plans to integrate full-day 4K programs for at-risk children with half-day programs for children with lower risk levels (each classroom will accommodate 10 full-day children and 20 half-day children each day). In District 3, family involvement activities slated to have been implemented during the first year will be incorporated in subsequent years.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in March 2002. ***Number of grantees.*** Grants in the amount of $5,000 were awarded to five child care providers to help them achieve a higher level of licensure/accreditation. ***Key activities.*** The full dosage of services was considered to be baseline and follow-up assessments using an environmental rating scale, technical assistance in developing an improvement plan, two two-hour technical assistance site visits over the course of the three months that the program was in operation, and CPR/first aid training. The grantees purchased materials and supplies, and made improvements in health and safety. Some staff members also became involved in the T.E.A.C.H. program.

■ Family Strengthening

Parent Child Home

Extended or new program? Three existing Parent Child Home (PCH) programs were extended in Clarendon County—one each in School Districts 1, 2, and 3. Two parent educators were hired using First Steps funds in School District 1; four were hired in School District 2; one was hired in School District 3. ***Start date.*** District 1's program began in May 2002; the programs in Districts 2 and 3 began in April 2002. ***Number of families.*** Across the three programs, 62 families were served by the First Steps-funded parent educators. ***Population served.*** Target participants for all three programs were at-risk parents and families with children ages zero to five who exhibited risk of not being ready for first grade. The program in District 1 gave special attention to targeting parents without a high school diploma and to single teen mothers. ***Key activities.*** The goals of the programs were to enhance children's school readiness, family literacy, parenting skills, parents' job skills, and parents' life skills (budgeting, nutrition, job-seeking, etc.). The programs consisted of biweekly 30-minute home visits by trained home visitors.

County Highlights and Looking Toward the Future

An important part of Clarendon County's efforts was raising public awareness about First Steps so that community members were actively involved in making decisions about the best ways to promote children's school readiness. A priority for the future is to continue to raise public awareness and to educate community members about First Steps. Another priority is to operate programs of the highest quality possible.

Colleton County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,583
Under age 6	3,186
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	47.6%
Black only, non-Hispanic	47.9%
Other, non-Hispanic	2.7%
Hispanic	1.8%
Families with children < Age 6	
Total number of families	2,366
Married couple family	62.1%
Single householder	37.9%
Children < age 6 with all parents in labor force	56.2%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	47.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	29.7%
Very poor children < age 6 (1999)	20.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	70.1%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	10.0%
Birth-Risk	
Total number of births	589
Nonmarital births	45.8%
Births to mothers who lack high school diplomas	24.1%
Births to mothers < age 18	5.9%
Nonmarital and no diploma	15.6%
Low birthweight	7.8%
Inadequate prenatal care	18.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Colleton County Based on PERs

4K
- ✓ Half Day
- ✓ Full Day
- Other

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Health
- Postpartum Home Visits
- ✓ Other Strategies

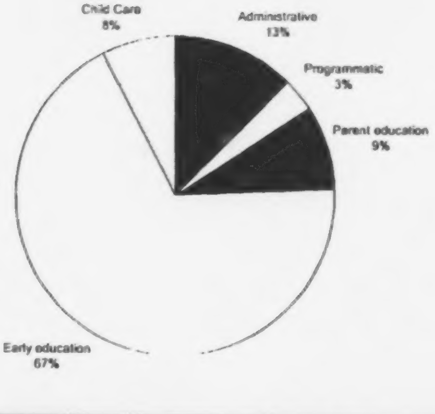
Summer Readiness
- ✓ Any Program

Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $639,461, the Colleton County Partnership spent 67 percent on early education and 9 percent on parent education. The Partnership spent 17 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $201 per child ages zero to five residing in the county or $668 per child living in poor county families.



Program Profiles

Early Education

4K

Extended or new program? First Steps funding was used in two 4K programs in Colleton County. The Colleton County School District extended six half-day 4K classrooms to full-day classrooms; the Colleton County Literacy Council extended one half-day 3-4K classroom from three days a week to five days a week. ***Start date.*** The programs began in August 2001. ***Number of children.*** A total of 112 children were served in the six Colleton County School District full-day classrooms. Twenty children were served in the Literary Council's 3-4K half-day classroom. ***Program model.*** Each of the classrooms used the High/Scope curriculum. ***Next steps.*** In the future, vision and hearing screenings will be conducted in all of the classrooms with the assistance of local agencies. In addition, the Literary Council's 3-4K classroom will increase its program day by one hour.

Summer Readiness

Length of program. A Summer Readiness program that was offered five days per week for three weeks began on June 5, 2002. ***Number of children.*** The program served 51 children. ***Population served.*** At-risk children were identified based on delayed development in any school readiness dimension, South Carolina Readiness Assessment results during 5K, and having an identified disability. ***Program model.*** The program incorporated multiple models, including High/Scope, Building Blocks, and the Metro Early Reading program.

Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in February 2002. ***Number of grantees.*** Grants averaging $1,985 were awarded to six child care providers (two private center-based providers and four family-based providers). ***Key activities.*** The grantees purchased needed materials and supplies.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to nine children from six families in Colleton County in 2002.

Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to expand an existing Parents as Teachers (PAT) program through the addition of two parent educators. ***Start date.*** The First Steps funded parent educators began working with families in November 2001. ***Number of families.*** With First Steps funds, the program served 42 families. ***Population served.*** The target population was families with children between the ages of zero and five at risk of school failure; parents were either first-time parents, single parents, teen parents, parents with low literacy skills, or low-income. ***Key activities.*** Families received a home visit lasting one hour each week and could attend group meetings or field trips. ***Next steps.*** In the future, the program will focus on tracking outcomes, improving recruitment and links to other services, and increasing staff's ability to work with children with special needs.

Health

Home Visitation

Extended or new program? A new health home visitation program was planned in Colleton County; however, no families were seen during fiscal year 2001-02. ***Number of families.*** The program planned to serve 15 families. ***Population served.*** The planned target population was non-Medicaid eligible, uninsured, or under-insured families with children ages zero to five. ***Key activities.*** The planned program activity was home visits by a nurse, who was to provide parent education and case management and link families to health resources.

Other

Library Program

Start date. A library program began in May 2002. ***Population served.*** Children between the ages of zero and 12 who live in the county or were visiting family and friends in the county were eligible to participate. (However, based on the program activities, children in the youngest age groups most likely did not participate.) ***Key activities.*** Each participant was required to write book reviews on one biography, three nonfiction books, five fiction books, two magazines, and six additional books.

County Highlights and Looking Toward the Future

According to Colleton County's Executive Director, the county's major accomplishments were their parenting and 4K programs. Parents were very satisfied with the programs, especially the full-day 4K program. Because the 4K classrooms were full-day, more children were able to participate since parents were able to pick their children up after work, or have their children's older siblings pick them up at the end of the school day. In addition, the County Partnership was able to work collaboratively with the school district to open 4K classrooms in rural areas. A priority for the future is to continue to offer full-day 4K programs.

Darlington County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,831
Under age 6	5,637
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	45.6%
Black only, non-Hispanic	51.6%
Other, non-Hispanic	1.5%
Hispanic	1.3%
Families with children < Age 6	
Total number of families	4,231
Married couple family	58.7%
Single householder	41.3%
Children < age 6 with all parents in labor force	58.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	31.6%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	26.2%
Very poor children < age 6 (1999)	12.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	63.1%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	7.0%
Birth-Risk	
Total number of births	953
Nonmarital births	50.4%
Births to mothers who lack high school diplomas	24.8%
Births to mothers < age 18	6.0%
Nonmarital and no diploma	18.4%
Low birthweight	12.3%
Inadequate prenatal care	23.2%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Darlington County Based on PERs

4K
- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

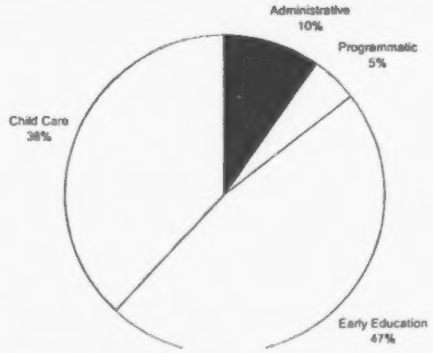
Family Strengthening
- Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $523,522, the Darlington County Partnership spent 47 percent on early education strategies and 38 percent on child care. The Partnership spent 12 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $93 per child ages zero to five residing in the county or $367 per child living in poor county families.



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Program Profiles

Early Education

4K

Extended or new program? First Steps funds were used to add three classrooms to existing 4K programs. Two of the programs were located in schools; one was run by Darlington County Head Start. ***Start date.*** The classes began in January 2002. ***Number of children.*** First Steps funds were used to serve a total of 69 children. ***Population served.*** The programs served children who were at risk; risk factors included low family income, the number of children in the family, single parent family, traumatic experiences in the past, referral from another agency, and education level of parents. ***Program model.*** One classroom was full-day, while the other two classrooms were half-day. The classrooms used the High/Scope curriculum. Teachers also conducted developmentally appropriate assessments and encouraged parent involvement. ***Next steps.*** The plan is to continue the program and to expand it if space and staff can be found.

Summer Readiness

Length of program. Darlington County's Summer Readiness programs lasted four weeks in June 2002. ***Number of children.*** Programs were designed both for children entering five-year-old kindergarten and children entering first grade. A total of 176 children were served. ***Population served.*** The Summer Readiness program for entering kindergartners was targeted to children who had not participated in 4K programs or Head Start. Selection factors for entering first graders included South Carolina Readiness Assessment scores, report cards, and kindergarten teacher recommendations. ***Program model.*** The programs offered five full-day classrooms and seven half-day classrooms. No particular curriculum was used; staff designed developmentally appropriate learning activities for each child.

Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in February 2002. ***Number of grantees.*** Twenty-six child care providers were awarded grants. ***Key activities.*** Grantees used the funds awarded to them to acquire needed materials and supplies.

Child Care Scholarships

Number of scholarships. Child Care scholarships were provided for seven children from three families in 2002.

County Highlights and Looking Toward the Future

Darlington County's Executive Director reported that the county's biggest accomplishment was actually getting their programs up and running. First Steps-related goals for the county include expanding the 4K program so that it can serve more children, implementing a Parents as Teachers program, reaching more child care providers through quality enhancement grants, and successfully implementing a health initiative. In addition, the Executive Director would like to increase collaboration with the faith community and work to address the county's transportation issues.

Dillon County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,341
Under age 6	2,797
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	37.3%
Black only, non-Hispanic	54.7%
Other, non-Hispanic	5.0%
Hispanic	2.9%
Families with children < Age 6	
Total number of families	2,014
Married couple family	51.9%
Single householder	48.1%
Children < age 6 with all parents in labor force	62.7%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	46.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	40.5%
Very poor children < age 6 (1999)	21.2%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	75.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	7.0%
Birth Risk	
Total number of births	519
Nonmarital births	57.6%
Births to mothers who lack high school diplomas	33.3%
Births to mothers < age 18	9.2%
Nonmarital and no diploma	24.7%
Low birthweight	12.3%
Inadequate prenatal care	23.9%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Dillon County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

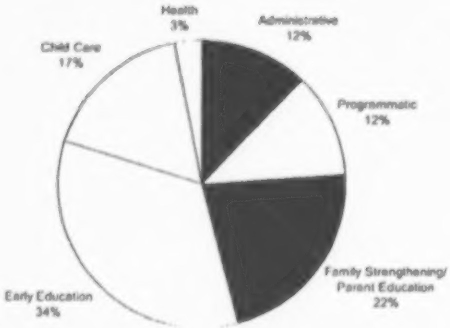
Family Strengthening
- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $461,912, the Dillon County Partnership spent 34 percent on early education and 22 percent on family strengthening. The Partnership spent 11 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $165 per child ages zero to five residing in the county or $421 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? First Steps funding was used to open three new full-day 4K classrooms in existing programs (two classrooms were school-based, one was in a Head Start program). In addition, an existing school-based half-day classroom was extended to a full-day classroom. ***Start date.*** The new school-based full-day classrooms got underway in August 2001; the new Head Start full-day classroom got underway in September 2002. The extension of the half-day classroom in District 3 occurred in January 2002. ***Number of children.*** A total of 60 children were served in the three school-based classrooms. Seventeen children were enrolled in the Head Start classroom. ***Population served.*** The school-based classrooms served children demonstrating low performance levels on a measure of motor, conceptual, and language abilities (the DIAL-R). For the Head Start classroom, priority was given to children with the greatest needs, based on individual and family characteristics (e.g., disabilities, foster child, single parent household, family living in poverty, referral from other agencies). ***Program model.*** The school-based classrooms used their own 4K curriculum designed to meet state standards in language arts and mathematics. The Head Start program used a modified High/Scope curriculum. ***Next steps.*** Future plans for the school-based classrooms include using additional assessments of the classrooms and making curriculum modifications based on the assessments. Future plans in the Head Start program include allocating funds to address children's special needs.

■ Child Care

Quality Enhancement

Start date. The child care quality enhancement program in Dillon County began in March 2002. ***Number of grantees.*** Grants in the amount of $1,000 to $2,000 were awarded to 17 child care providers. ***Key activities.*** Funds were disseminated in the form of reimbursement for the purchase of materials and equipment. Guidance in making purchases was provided by a company that sells educational materials and supplies (from whom the grantees made purchases). In addition, grantees were monitored informally by members of the Partnership Board's child care committee and the county's Executive Director. ***Next Steps.*** Plans for the next program year include using the media to encourage parents to seek ABC Enhanced child care in order to increase the demand for quality child care.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to six children from five families in Dillon County in 2002.

■ Family Strengthening

Parent Child Home

Extended or new program? Three new Parent Child Home (PCH) programs were implemented in School Districts 1, 2, and 3. ***Start date.*** The programs began in December 2001. ***Number of families.*** A total of 62 families enrolled in the three programs. ***Population served.*** The programs served at-risk families with children between the ages of two and three. ***Key activities.*** The planned amount of service was two 30-minute home visits per week for each family. Families were also given books and toys. The goals of the home visits were to increase verbal interaction between parents and children; increase parent knowledge about child development and effective parenting behaviors; increase educational play behavior initiated by parents with children; and promote school readiness among participating children. ***Next steps.*** Attempts will be made in one school district to increase enrollment as that district had trouble recruiting families.

■ Health

Health Care Referrals

Extended or new program? A new program was implemented in Dillon County to help at-risk parents access health care services for their children. ***Start date.*** The program began in May 2002. ***Number of families.*** Thirty families received in-home assessments. ***Population served.*** The program served families who were uninsured or underinsured with parents who were either young or single with a child between the ages of zero and five. ***Key activities.*** The program consisted of one in-home assessment to identify the specific needs of families plus referrals to appropriate health care resources in the community. ***Next steps.*** Plans for the future include expanding recruitment strategies and considering initiating services during the prenatal period.

County Highlights and Looking Toward the Future

Dillon County's Executive Director reported that all of the First Steps programs in the county have been very successful. The Executive Director would like to organize an annual ceremony for all of the families who have participated in First Steps programs as well as the programs' vendors. The ceremony would be an opportunity for everyone involved to recognize their accomplishments and to build enthusiasm for First Steps.

Dorchester County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	3,769
Under age 6	7,905
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	66.8%
Black only, non-Hispanic	26.4%
Other, non-Hispanic	4.2%
Hispanic	2.7%
Families with children < Age 6	
Total number of families	6,107
Married couple family	71.3%
Single householder	28.7%
Children < age 6 with all parents in labor force	66.4%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	32.8%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	12.0%
Very poor children < age 6 (1999)	5.6%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	39.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	14.0%
Birth-Risk	
Total number of births	1,228
Nonmarital births	36.6%
Births to mothers who lack high school diplomas	15.4%
Births to mothers < age 18	4.6%
Nonmarital and no diploma	11.3%
Low birthweight	9.8%
Inadequate prenatal care	12.4%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Dorchester County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

Family Strengthening

- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

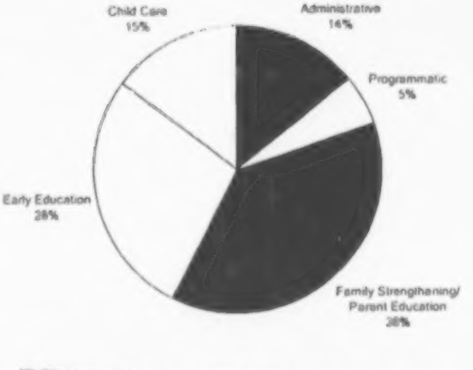
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $484,690, the Dorchester County Partnership spent 38 percent on family strengthening and 28 percent on early education. The Partnership spent 16 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $61 per child ages zero to five residing in the county or $524 per child living in poor county families.



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Program Profiles

Early Education

4K

Extended or new program? Dorchester County School District 2 and Dorchester County Head Start used First Steps funds to extend existing 4K classrooms in School District 2 and Head Start 3-4K classrooms to full-day. ***Start date.*** School District 2's 4K classroom began in August 2002; the Head Start classrooms began in January 2002. ***Population served.*** School District 2's program served four-year-old children who had previously registered for the half-day program. Risk factors included low screening measure (DIAL-R) scores and/or recommendation by a screening committee that used additional criteria, including low English proficiency levels, having a single caretaker, or having a caretaker with low educational attainment. The Head Start program served children already enrolled in half-day Head Start classes, all of whom had at least one school readiness risk factor (e.g., low income family, low birth weight, parents' low educational attainment, single parent, teen parent, parents for whom English is a second language). ***Program model.*** Each of the classrooms used the High/Scope curriculum.

Summer Readiness

Length of program. The summer readiness program in Dorchester County lasted four weeks. ***Number of children.*** The program served a total of 40 children. ***Population served.*** The children in the program were at-risk; risk factors included delayed development on any school readiness dimension, low screening measure (DIAL R) scores, familial poverty, siblings performing poorly in school, and parents' low education level. ***Program model.*** The classrooms used the High/Scope curriculum.

Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in January 2002. ***Number of grantees.*** Nine grants were awarded to child care providers. Seven of the grantees were ABC Enhanced private child care providers; two were family-based providers. The average amount of grants was $8,333. ***Key activities.*** Participating child care providers used the grants awarded to them to purchase materials and equipment. ***Next steps.*** Plans for the future include implementing new recruitment methods, including printing articles in newspapers about grantees' successes. In addition, Dorchester County First Steps will create a mentoring system so that child care providers who wish to improve their quality can be paired with "model centers" to get ideas and suggestions.

Family Strengthening

Parent Child Home

Extended or new program? First Steps funds were used to extend an existing Parent Child Home (PCH) program by hiring four additional parent educators. ***Start date.*** The program began in September 2001. ***Population served.*** The program was targeted to at-risk families with children ages zero to two (risk factors included first-time parents, teen parents, single parents, parents with low literacy or low educational attainment, and/or low incomes). ***Key activities.*** Activities included bi-weekly, 30-minute home visits during which literacy and other parent-child interactions were encouraged. Books, toys, and other educational materials were provided to the families, and referrals to other resources to enhance parents' job readiness were made. ***Next steps.*** In the future, the program will continue to serve the same families and will also conduct outreach to recruit additional at-risk families. In particular, the program will try to recruit more Hispanic families.

Other

Library Program

Start date. A library program was implemented in March 2002. ***Number of participants.*** The program served 346 children by providing training for 14 child care providers, 78 preschool teachers, and 34 parents. ***Population served.*** Child care, Head Start, and other pre-kindergarten programs, as well as parents of preschool children, were the populations served through this program. ***Key activities.*** Program activities included teaching Bright Beginnings preschool literacy to participating pre-school settings, offering parent training, encouraging parents to get library cards, and making literacy kits available to check out.

County Highlights and Looking Toward the Future

A major accomplishment in Dorchester County was getting programs implemented and established. The Executive Director also felt that establishing communication between the Partnership Board and vendors was a major accomplishment. In addition, the training workshop for the county's child care providers, offered by the county's First Steps, was particularly successful because child care providers received information on developmentally appropriate practices and literacy development. In the future, the County Partnership would like for more of the county's child care providers to become NAEYC accredited. They would also like for more private child care centers to house 4K programs

Edgefield County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	896
Under age 6	1,791
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	54.9%
Black only, non-Hispanic	40.4%
Other, non-Hispanic	1.7%
Hispanic	3.0%
Families with children < Age 6	
Total number of families	1,346
Married couple family	69.2%
Single householder	30.8%
Children < age 6 with all parents in labor force	55.4%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	56.8%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	21.9%
Very poor children < age 6 (1999)	11.3%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	49.0%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	5.0%
Birth-Risk	
Total number of births	288
Nonmarital births	44.4%
Births to mothers who lack high school diplomas	21.2%
Births to mothers < age 18	5.6%
Nonmarital and no diploma	12.8%
Low birthweight	9.7%
Inadequate prenatal care	30.2%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Edgefield County Based on PERs

4K

- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

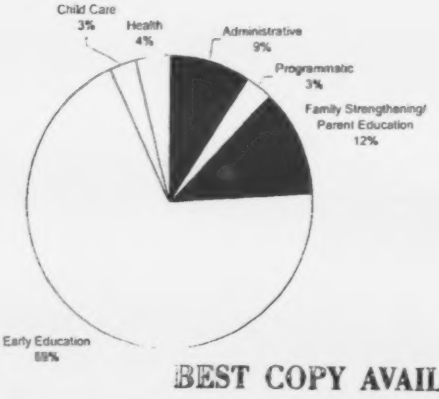
- Postpartum Home Visits
- ✓ Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $352,862, the Edgefield County Partnership spent 69 percent on early education strategies and 12 percent on family strengthening/parenting. The Partnership spent 9 percent of its state allocation on administrative functions and exceeded its match requirement. The Partnership spent $197 per child ages zero to five residing in the county or $943 per child living in poor county families.



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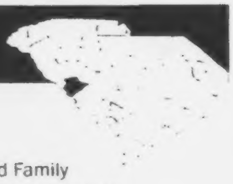

Program Profiles

■ Early Education

4K

Extended or new program? Edgefield County School District extended one half-day 4K classroom to full-day at Douglas Elementary School and opened two new half-day classrooms in an existing 4K program at Merriwether Elementary School. ***Start date.*** The programs began in August 2001. ***Number of children.*** Over the course of the school year, 21 children were served in Douglas' program, and 40 in Merriwether's. ***Population served.*** The classrooms served high needs children (based primarily on identified disabilities, behavior problems, low scores on the DIAL-R developmental screening instrument, and certain family characteristics, such as parent(s) with low education level, single parent household, or non-English speaking household). ***Program model.*** Merriwether teachers employed Saxon Math and Saxon Phonics materials. ***Next steps.*** The Douglas program plans to continue the full-day program if funds remain available, and to provide High/Scope curriculum training for the teacher and assistant.

Summer Readiness

Length of program. A four-week summer readiness program was implemented in Edgefield County in June 2002. ***Number of children.*** The program served 60 children for five days per week in three classrooms. ***Population served.*** Target participants were identified using three criteria—delayed development in any readiness dimension, identified disability, and results on the South Carolina Readiness Assessment during 5K. ***Program model.*** The program employed the High/Scope curriculum. ***Next steps.*** The teachers would like to make children's participation in the program contingent on parental participation in program orientation.

■ Child Care

Quality Enhancement/Child Care Scholarships

Start date. The child care strategy in Edgefield County included two components—child care scholarships for families, plus quality enhancement grants for the four child care providers who served them. The program began in October 2001. ***Number of scholarships.*** In all, 48 children received scholarships that covered 50 percent of their weekly child care fees. ***Number of grantees.*** The four child care providers also received grants ranging from $2,000 to $2,870. ***Key activities.*** Grantee child care providers used the funds awarded to them to purchase materials/supplies, playground equipment, or office equipment, and to improve their facilities. In addition, a technical college provided four one-and-a-half-hour training sessions that focused on growth/development, curriculum, health/safety, and nutrition. ***Next steps.*** In the coming program year, all four providers plan to adjust their curriculum so that it is more compatible with that of the school district, thereby helping children as they transition into school.

■ Family Strengthening

Parents as Teachers

Extended or new? First Steps funds were used to extend Edgefield County School District's Parenting and Family Literacy Program through the addition of one parent educator. ***Start date.*** The First Steps parent educator began working with families in October 2001. ***Number of families.*** The parent educator worked with 40 families. ***Population served.*** The program served at-risk families with children ages zero to five. ***Key activities.*** The parent educator carried out roughly one home visit per family per month. She also administered developmental screenings, provided families with referrals to appropriate services, and made available roughly eight hours of group meeting time, during which she educated parents on child development and parenting skills. ***Next steps.*** The available group meeting time will be increased to roughly 30 hours.

■ Health

Nutrition Education

Extended or new? First Steps and Clemson Extension hired a full-time nutritionist to extend an existing nutrition education program. ***Start date.*** The nutritionist began in December 2001. ***Number of participants.*** A total of 40 families received home visitation counseling. ***Population served.*** The planned target population included high needs families (e.g., low income, low parent literacy levels, etc.) with children ages 5 and younger, as well as child care and child development staff. ***Key activities.*** Services included one-on-one home-based nutritional counseling tailored to children's individual needs, as well as interaction with staff and children in child care and early education settings, group meetings, and community events.

County Highlights and Looking Toward the Future

The Executive Director reported that the biggest First Steps-related accomplishments in Edgefield County have been actually implementing programs and reaching families. The highest priority is to ensure that the county's children are ready for school. Another priority is to develop a strategy to recruit the hardest to reach families, who may be the families most in need of First Steps' services.

Fairfield County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	946
Under age 6	1,927
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	29.5%
Black only, non-Hispanic	66.7%
Other, non-Hispanic	2.3%
Hispanic	1.4%
Families with children < Age 6	
Total number of families	1,474
Married couple family	56.2%
Single householder	43.8%
Children < age 6 with all parents in labor force	67.5%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	39.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	28.4%
Very poor children < age 6 (1999)	11.1%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	58.5%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	4.0%
Birth-Risk	
Total number of births	342
Nonmarital births	54.1%
Births to mothers who lack high school diplomas	20.5%
Births to mothers < age 18	6.7%
Nonmarital and no diploma	17.5%
Low birthweight	12.6%
Inadequate prenatal care	30.7%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Fairfield County Based on PERs

4K
- Half Day
- ✓ Full Day
- ✓ Other

Summer Readiness
- Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

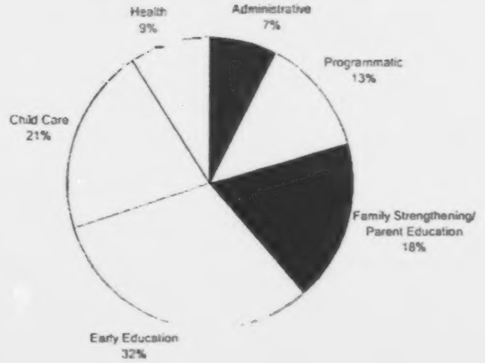
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- Postpartum Home Visits
- ✓ Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $489,632, the Fairfield County Partnership spent 32 percent on early education strategies and 21 percent on child care. The Partnership spent 9 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $254 per child ages zero to five residing in the county or $995 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Fairfield County First Steps initiated two 4K programs. One program provided scholarships for children from low-income families to attend 3K or 4K. In addition, First Steps funds were used to open a Head Start classroom in a rural elementary school. ***Start date.*** Both programs began in August 2001. ***Number of children.*** Thirty-two children received scholarships to attend 3K or 4K. Twenty children were enrolled in the Head Start classroom. ***Population served.*** Scholarships were provided for children whose DIAL 3 scores were above the threshold for free services and whose parents could not afford to pay for 3K or 4K. The Head Start program was targeted to children from low-income families in the Greenbriar area. ***Program model.*** The Head Start classroom used a combination of the High/Scope curriculum and Creative Curriculum.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded to child care providers in November 2001. ***Number of grantees.*** Grants were awarded to ten child care providers (four center-based providers and six family-based providers). The center-based child care providers received up to $11,500; the family-based providers received up to $3,000. ***Key activities.*** Grantees purchased materials and supplies. In addition, each child care provider received a baseline assessment and technical assistance site visits, participated in training workshops, and received T.E.A.C.H. scholarships for caregivers. Two grantees achieved ABC Enhanced status.

Child Care Scholarships

Number of scholarships. Child Care scholarships were provided for 37 children from 25 families. ***Next steps.*** Fairfield County First Steps plans to partner with the ABC voucher system in the future to increase the number of available child care scholarships.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to serve families who had previously been served by a Parents as Teachers (PAT) program run by the United Way of the Midlands. ***Start date.*** The First Steps funded PAT program began in October 2001. ***Number of families.*** The program served 64 families. ***Population served.*** The program was targeted to families with children between the ages of zero and five; any family could apply to receive services on a first come, first served basis. ***Key activities.*** Families received at least one home visit per month that lasted one hour. Parents also attended one two-hour group meeting per month. In addition, families were referred to community resources, children's books were distributed to families, and transportation was offered to families who needed it.

Reach Out and Read

Extended or new program? An existing Reach Out and Read (ROR) program was extended using First Steps funds. ***Start date.*** The program was extended in December 2001. ***Number of families.*** The program served 596 families. ***Population served.*** The target population was families with children between the ages of zero and five who attend the practices of participating pediatricians. ***Key activities.*** First Steps provided funding to expand ROR from two pediatricians' offices to a third pediatrician's office and to enhance one of the ongoing programs by providing books. Under the ROR model, at each well-child visit, the doctor "prescribes" that parents read to their children and gives them an age-appropriate book. In addition, a trained volunteer models book-related activities in the waiting room.

Fathers Program

Extended or new program? First Steps funding was used to add one intervention specialist to an existing program called Fathers Matter. ***Start date.*** The intervention specialist began in September 2001. ***Number of families.*** Twenty-six fathers enrolled in the program, and three completed the intended full dosage of six months. ***Population served.*** The target population was at-risk fathers between the ages of 18 and 35 with preschool children. ***Key activities.*** The goal of the program was to help fathers engage better with their children. The activities included weekly group meetings, individual counseling, opportunities to spend time with children (such as attending special events), and increasing fathers' knowledge of child development.

■ Health

Nutrition Education

Extended or new program? First Steps funds were used to extend an existing multicomponent nutrition education program provided by Clemson University Cooperative Service. ***Start date.*** The program was extended in November 2001. ***Number of families/Number of workshops.*** The program trained 14 child providers, conducted five parent group presentations, and presented nutrition lessons to 343 children. ***Population served.*** The program targeted children ages zero to five, their parents, and their child care providers. Families at risk for nutritional deficits were also targeted. ***Key activities.*** Through the program, child care providers, parents, and children were educated about nutrition.

County Highlights and Looking Toward the Future

According to the Executive Director in Fairfield County, a major accomplishment was the development of a good working relationship among the Partnership Board members. Board members work well together as a team, providing a strong basis for implementing programs that can help the county's children. Another accomplishment was collaboration and integration among various agencies that provide services for pre-school children. Priorities for the future include building a child care facility in western Fairfield County, making sure that programs are effective, and ensuring that programs are serving the most at-risk children.

Florence County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	5,040
Under age 6	9,920
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	50.2%
Black only, non-Hispanic	45.5%
Other, non-Hispanic	2.6%
Hispanic	1.8%
Families with children < Age 6	
Total number of families	7,492
Married couple family	64.0%
Single householder	36.0%
Children < age 6 with all parents in labor force	60.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	35.6%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	24.6%
Very poor children < age 6 (1999)	14.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	60.1%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	6.0%
Birth-Risk	
Total number of births	1,866
Nonmarital births	47.1%
Births to mothers who lack high school diplomas	20.4%
Births to mothers < age 18	6.2%
Nonmarital and no diploma	15.6%
Low birthweight	11.5%
Inadequate prenatal care	26.5%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Florence County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

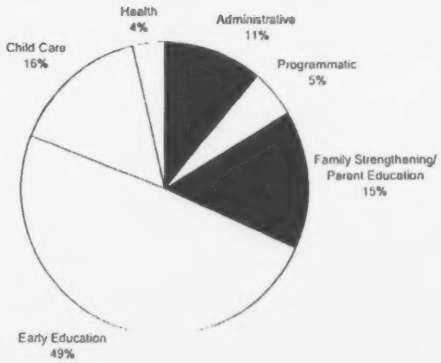
Family Strengthening
- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $985,032, the County Partnership spent 49 percent on early education. The Partnership spent 14 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $99 per child ages zero to five residing in the county or $418 per child living in poor county families.



Program Profiles

Early Education

4K

Extended or new program? First Steps funding was used to extend 4K programs in five school districts. ***Start date.*** The First Steps funded classrooms got underway at the beginning of the school year in Districts 1 and 5; in October in District 2; in December in District 3; and in January 2002 in District 4. ***Number of children.*** In District 1, two half-day classrooms were extended to full-day classrooms, and a total of 40 slots were funded by First Steps. Each of the other four school districts added one new full day classroom for 20 children. ***Population served.*** The programs served children at risk of not being ready for school. Risk factors varied by district, and included mother's level of education, number of parents in the home, low birth weight, and low DIAL 3 scores. ***Program model.*** The 4K program in District 1 used Creative Curriculum, supplemented with activities designed to meet state standards. The other four districts used the High/Scope curriculum.

Summer Readiness

Length of program. Summer Readiness programs lasting about three weeks were offered in five school districts in Florence County. ***Number of children***. A total of 249 children were served across the five districts. ***Population served.*** Factors used to select children to participate included language level, poverty, kindergarten performance, results on the South Carolina Readiness Assessment, and delayed development. ***Program model.*** District 1 used the Fontas and Pinnell literacy curriculum; District 5 used the State Department of Education's 5K standards.

Child Care

Quality Enhancement

Start date. Child care quality enhancement grants were first awarded in May 2002. ***Number of grantees***. Grants were awarded to 38 child care providers and ranged from $2,300 to $3,000. ***Next steps.*** A mentoring component will be added to the county's child care quality enhancement program.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to 20 children from 15 families in Florence County in 2002.

Family Strengthening

Parent Child Home

Extended or new program? First Steps funds were used to extend existing Parent Child Home programs in School Districts 1 and 3. ***Start dates.*** First Steps funded families were first seen in December 2001 in District 3 and in January 2002 in District 1. ***Population served.*** In District 3, the program served families with children between the ages of 18 months and 3 years. Through an eligibility checklist, children were identified as being at risk of entering school unprepared. ***Key activities.*** In both school districts, the full dosage of services was considered to be 23 weeks of two 30-minute home visits per week. In District 3, parents learned appropriate interaction with their children, parenting techniques, and educational play using educational materials and toys provided by the program.

Multiple Strategies

Extended or new program? A new home visitation program was implemented in School District 5; the program combined elements of the Parents as Teachers and Parent Child Home models. ***Start date.*** The first home visits were conducted in March 2002. ***Population served.*** The target population for this program included Medicaid-eligible parents of children ages zero to 36 months with incomes below 200 percent of the poverty level. Additional risk factors included teen parenthood, single parenthood, unemployment, and/or limited English proficiency. ***Key activities.*** Parents and children received one 60-minute home visit each week for three and a half months. The program included initial developmental screenings of children and referrals to community resources. ***Next steps.*** The program will get started at the beginning of the school year so that services can be provided to more clients.

Health

Health Home Visitation

Extended or new program? A new post-partum home visitation program was implemented in Florence County. ***Start date.*** The program began in January 2002. ***Number of families***. Seventy-five families received home visits. ***Population served***. The program served expectant mothers and parents of newborns, infants, and children up to age five not covered by Medicaid or private health insurance. ***Key activities.*** The full dosage was considered to be a single one-hour home visit. The program was designed to facilitate access to needed health services through referrals.

County Highlights and Looking Toward the Future

According to Florence County's Executive Director, the county's biggest First Steps-related accomplishment was working with school districts to implement high quality 4K programs. It has also been very rewarding to see the progress that children in the Parent Child Home program have made, in addition to parents' gratitude for the program.

Priorities for the future of First Steps in the county include improving the quality of child care, providing more child care scholarships, and working with the school districts to help them implement additional 4K classrooms. The Executive Director hopes that these efforts will improve children's readiness for school.

Georgetown County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,115
Under age 6	4,223
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	49.5%
Black only, non-Hispanic	46.7%
Other, non-Hispanic	1.5%
Hispanic	2.3%
Families with children < Age 6	
Total number of families	3,211
Married couple family	64.7%
Single householder	35.3%
Children < age 6 with all parents in labor force	69.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	50.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	23.9%
Very poor children < age 6 (1999)	9.8%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	62.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	12.0%
Birth-Risk	
Total number of births	770
Nonmarital births	47.3%
Births to mothers who lack high school diplomas	18.6%
Births to mothers < age 18	6.9%
Nonmarital and no diploma	13.1%
Low birthweight	12.2%
Inadequate prenatal care	33.6%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Georgetown County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Child Care

- Quality Enhancement Grants
- ✓ Caregiver Training
- ✓ Scholarships
- ✓ Other

Health

- Postpartum Home Visits
- Other Strategies

Summer Readiness

- Any Program

Family Strengthening

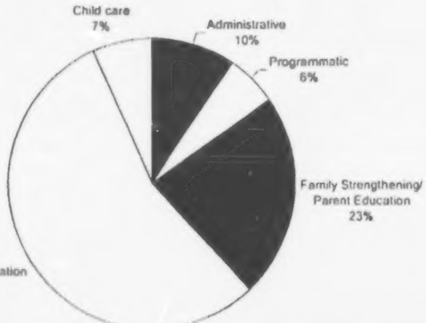
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Other

- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $458,170, the Georgetown County Partnership spent 54 percent on early education and 23 percent on family strengthening/parent education. The Partnership spent 10 percent of its state allocation on administrative functions and exceeded its match requirement. The Partnership spent $108 per child ages zero to five residing in the county or $473 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? The Georgetown County School District was funded to expand half-day 4K classrooms to full-day classrooms at three schools. ***Start date.*** The programs began in August 2002. ***Number of children.*** The programs served 60 children. ***Population served.*** The children served were at risk of school failure, with priority given to children already enrolled in half-day programs. ***Program model.*** The program used the High/Scope curriculum.

■ Child Care

Child Care Scholarships

Number of scholarships. Last year, Georgetown County provided child care scholarships to families contingent upon parents' participation in parenting workshops. Beginning in April 2002, scholarships were provided to 76 children between the ages of zero and five. ***Next steps.*** Families will continue to receive assistance for one year, provided that parent(s) continue to attend parent meetings. Plans for the future include starting year two with a good system for collecting data on participants.

Training for Family-Based Child Care Providers

Start date. As one part of their child care strategy, Georgetown County First Steps provided a training opportunity for family-based child care providers. The program began in December 2001. ***Number of sessions.*** This program consisted of 12 two-and-a-half-hour training sessions, taught by an instructor from a local technical college, over the course of four months. Each participant was to receive five site visits after the completion of the series of training sessions. ***Attendance.*** Six family-based providers applied, and all of them were accepted into the program; one dropped out after the first training session. All five of the remaining participants completed the 30 hours of training and received a baseline assessment. Two of the participants completed all five of the site visits. ***Next steps.*** The program will continue next year. In the future, it will be made clear to participants that the program entails site visits in addition to training sessions. Site visits to providers will be carried out at the same time as the training sessions.

Gross Motor Development Training

Start date. All registered child care providers in Georgetown County were given the opportunity to take part in Start Smart training. Start Smart is a program designed to develop children's gross motor development. Training was offered in two blocks—the first began in November 2001; the second began in March 2002. ***Topics.*** Child care providers were trained on motor skills activities. Instructors provided on-site instruction and monitoring of the application of the activities with children. Providers were given equipment to use with children. ***Attendance.*** In all, 29 providers who served 256 children took part in the program. ***Next steps.*** Plans are in place to set up a better system for keeping records in Year Two.

■ Family Strengthening

Parents as Teachers

Extended or new program? A new program called the Very Informed Parents (VIP) program, a parent education program based on the Parents as Teachers (PAT) program model, was implemented in Georgetown County. ***Start date.*** The program began conducting home visits in April 2002. ***Number of families.*** The program served nine families. ***Population served.*** Program participants were young African-American women; the program prioritized serving at-risk mothers. ***Key activities.*** VIP's activities included the following: one or more home visits by a parent educator each month; roughly four group meetings per month; screenings for participants' needs; and referrals to services and resources to help the participants meet these needs. ***Next steps.*** For the second year of the program, PAT data collection and a client-tracking system will be in place.

■ Other

Library Program

Start date. A library program that offered services for child care providers began in January 2001. The program was designed to promote higher quality child care by providing age-appropriate books to child care facilities and literacy instruction to caregivers. ***Number of participants.*** Children at 40 different county child care programs were served. ***Key activities.*** Every child care provider received at least 12 visits from program staff.

County Highlights and Looking Toward the Future

The biggest accomplishment in Georgetown County was actually implementing the programs and ensuring that they were successful. An important priority for the future is to provide children with access to quality child care and full-day 4K programs. Another priority is to engage the child care community in professional development and other structured activities, such as library programs. First Steps has the potential to affect the lives of many children by improving the quality of the county's child care.

Greenville County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	15,445
Under age 6	30,787
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	69.1%
Black only, non-Hispanic	21.8%
Other, non-Hispanic	4.0%
Hispanic	5.1%
Families with children < Age 6	
Total number of families	23,117
Married couple family	73.0%
Single householder	27.0%
Children < age 6 with all parents in labor force	57.8%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	27.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	14.6%
Very poor children < age 6 (1999)	8.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	39.3%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	-
Birth-Risk	
Total number of births	5,388
Nonmarital births	31.6%
Births to mothers who lack high school diplomas	20.6%
Births to mothers < age 18	4.8%
Nonmarital and no diploma	13.2%
Low birthweight	8.6%
Inadequate prenatal care	26.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Greenville County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- ✓ Caregiver Training
- ✓ Scholarships
- ✓ Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- ✓ Family Literacy
- ESL
- Other or Multiple Strategies

Health

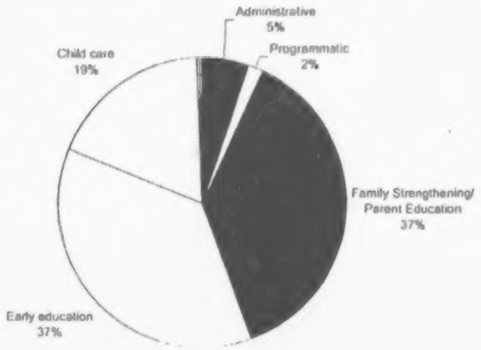
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $3,221,952, the Greenville County Partnership spent 37 percent on early education and 37 percent on family strengthening/parent education. The Partnership spent 5 percent of its state allocation on administrative functions and met its match requirement. The Partnership spent $105 per child ages zero to five and residing in the county or $733 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? First Steps funding was used to add two new full-day classrooms in existing 4K programs. In addition, six half-day classrooms were extended to full-day. ***Number of children.*** The eight classrooms served a total of 160 children. ***Population served.*** The programs served at-risk children. Risk factors included low screening measure (DIAL-3) scores and eligibility for free or reduced price lunch programs. ***Program model.*** The High/Scope model was used in all of the classrooms.

Summer Readiness

Length of programs. Greenville County was home to two summer readiness programs. One program was implemented in multiple elementary schools and lasted four or five weeks (depending on the location). The other program was implemented by child care providers and lasted four weeks. ***Number of children.*** A total of 771 children were served in the school-based classrooms. ***Population served.*** The school-based program was targeted to at-risk children. Risk level was determined based on South Carolina Readiness Assessment scores in 5K and language level. ***Program model.*** All of the classrooms used the High/Scope curriculum.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded to child care classrooms in April 2002. ***Number of grantees.*** Forty-four classrooms were awarded grants averaging $2,500. ***Key activities.*** Child care directors were provided with guidance in selecting materials to purchase for classrooms using the grant money.

Caregiver Training

Start date. Monthly training sessions were provided for caregivers and child care directors' forums were held beginning in July 2001. ***Topics.*** Topics included growth/development, health/safety, and curriculum.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to eight children from seven families in Greenville County in 2002.

Other Strategies

Start date. Other child care strategies were implemented in Greenville County beginning in July 2001. The strategies included on-site technical assistance, a referral system, and a resource center. ***Number of participants.*** All of the county's 240 child care providers were visited to make them aware of the technical assistance opportunity. About 100 sought technical assistance. ***Key activities.*** Topics of technical assistance included room arrangement, classroom activities, and curriculum. In addition, a referral system was set up for child care providers to obtain information on and referrals to existing resources (e.g., ABC Enhancement, T.E.A.C.H., a local technical college). A resource center was created for the county's child care providers to obtain or make materials to use in their classrooms.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to increase the number of parent educators in an existing Parents As Teachers (PAT) home visitation program. Out of a total of 25 parent educators, First Steps funded 14. ***Start date.*** This program began in August 2000. ***Number of families.*** First Steps funding was used to serve 516 families. ***Population served.*** The program was targeted to parents with children between the ages of zero and three; families were served on a first come, first served basis. ***Key activities.*** Through home visits, parent meetings, family activities and developmental screenings, parent educators provided information on child development and helped parents prepare their children for school success. Families successfully completed the program if they participated in 18+ hours, including one, one-hour home visit per month for nine months, six parent meetings, and three family activities.

Family Literacy

Extended or new program? First Steps funds were used to extend an existing Family Learning/GED Program. The program incorporated several models, including the South Carolina Family Literacy model, a modified Kenan model, the National Institute for Family Literacy's Equipped for the Future framework, High/Scope Key Experiences, and Motheread. ***Start date.*** The program began in August 2000. ***Number of families.*** The program served 148 families. ***Population served.*** The program was targeted to an at-risk population, including parents with low literacy levels and teen parents. ***Key activities.*** Activities included parent-child interactive literacy activities and training for parents, designed to lead to economic self-sufficiency (e.g., GED, high school diploma).

County Highlights and Looking Toward the Future

According to Greenville County's Executive Director, developing, launching, and implementing the summer readiness program was the county's biggest accomplishment. Seventy-one percent of the children participating in the summer readiness program tested ready for first grade. In addition, the Executive Director said that being the first county to receive First Steps funding was a big accomplishment because Greenville County was instrumental in laying the foundation for other counties' efforts. In the future, the County Partnership would like to continue to deliver high quality services to all of the county's young children and their parents.

Greenwood County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,775
Under age 6	5,551
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	54.9%
Black only, non-Hispanic	37.9%
Other, non-Hispanic	2.6%
Hispanic	4.7%
Families with children < Age 6	
Total number of families	4,094
Married couple family	62.7%
Single householder	37.3%
Children < age 6 with all parents in labor force	71.6%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	44.8%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	22.2%
Very poor children < age 6 (1999)	11.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	49.3%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	6.0%
Birth-Risk	
Total number of births	954
Nonmarital births	46.3%
Births to mothers who lack high school diplomas	20.8%
Births to mothers < age 18	5.9%
Nonmarital and no diploma	14.7%
Low birthweight	10.1%
Inadequate prenatal care	32.8%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Greenwood County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

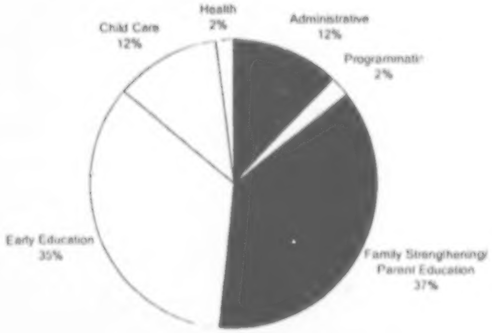
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $508,657, the Greenwood County Partnership spent 37 percent on family strengthening/parent education and 35 percent on early education. The Partnership spent 12 percent of its state allocation on administrative functions and met its match requirement. The Partnership spent $92 per child ages zero to five residing in the county or $416 per child living in poor county families.



Program Profiles

Early Education

4K

Extended or new program? Two new full-day 4K classrooms were funded in Greenwood County. ***Start date.*** The program began in August 2001. ***Number of children.*** Forty children were enrolled in the two classrooms. ***Population served.*** Children in the program had low screening measure (DIAL 3) scores and came from multiple-risk families (e.g., low parent education, low family income, mother who was very young at child's birth, geographic isolation, single parent family, health concerns during the child's infancy). ***Program model.*** One of the classrooms used the High/Scope curriculum. In addition to the classroom activities, the program included home visits, parent/child workshops, child assessments, free and reduced meals, and vision, hearing, and speech screenings. (Information was not available for the other 4K classroom.)

Summer Readiness

Length of program. Summer Readiness programs were implemented in three school districts in Greenwood County (Districts 50, 51, and 52). All three programs ran for four weeks in June 2002. ***Number of children.*** In School District 50, 129 children were served; in School District 51, 24 children were served; in School District 52, 30 children were served. ***Population served.*** The programs targeted children with low scores on the South Carolina Readiness Assessment (SCRA) or who were referred by their kindergarten teachers. Additional risk factors included low language levels, familial poverty, siblings performing poorly in school, and low levels of parental education attainment. ***Program model.*** All three school districts offered half-day Summer Readiness programs. The classrooms did not use a particular curriculum model, but instruction focused on early literacy, oral language development, and mathematics skills. The programs also tried to foster parental involvement.

Child Care

Child Care Scholarships

Number of scholarships. Thirty-six child care scholarships were provided for children from 30 families.

Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to extend three Parents as Teachers (PAT) programs in three school districts in Greenwood County--Districts 50, 51, and 52. (Service areas were not defined as a single school district; two of the three programs served families in more than one school district.) A total of four parent educators were hired using First Steps funds. ***Start date.*** All three programs began in December 2001. ***Population served.*** One of the programs was designed for first-time teenage mothers. The second program served high-risk families with children ages zero to two. The third program served high-risk families with children ages zero to five. High-risk families were defined as having teenage mothers, single mothers, parents with low education levels, unemployed parents, parents with chemical dependencies, or involvement with mental health or social service agencies. ***Key activities.*** The three programs offered two home visits per month, as well as monthly group meetings for parents.

Health

Home Visitation Programs

Extended or new program? Two existing health home visitation programs were extended through First Steps funding. The two programs were Healthy Families and a DHEC program. ***Start date.*** First Steps' additions to Healthy Families began in October 2001; their support of the Department of Health and Environmental Control (DHEC) program began in May 2002. ***Number of families.*** First Steps funds were used to serve 48 families through Healthy Families and eight families through the DHEC program. ***Population served.*** The Healthy Families program served teen and single parents with newborns. Families were below 185 percent of the poverty level and parents had less than a high school education. The DHEC program served new mothers without Medicaid or other insurance, whose infants were discharged from a neonatal intensive care unit. ***Key activities.*** The Healthy Families program included home visits and parent group meetings. Families participated for nine months, but the intensity of the services they received depended on the severity of their needs. The DHEC program provided a single home visit to assess the health status of the mother and newborn. Referrals were given as needed.

County Highlights and Looking Toward the Future

According to Greenwood County's Executive Director, the County Partnership's biggest accomplishment in fiscal year 2001-2002 was implementing their child care scholarship program so that more families would be able to afford child care. A high priority is to establish a child care resource and referral agency. By establishing such an agency, child care providers will have access to the information they need to improve their quality of care.

Hampton County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	862
Under age 6	1,715
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	34.8%
Black only, non-Hispanic	62.4%
Other, non-Hispanic	0.8%
Hispanic	2.0%
Families with children < Age 6	
Total number of families	1,248
Married couple family	59.1%
Single householder	40.9%
Children < age 6 with all parents in labor force	57.7%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	73.6%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	29.1%
Very poor children < age 6 (1999)	16.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	67.5%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	10.0%
Birth Risk	
Total number of births	302
Nonmarital births	56.0%
Births to mothers who lack high school diplomas	32.1%
Births to mothers < age 18	8.3%
Nonmarital and no diploma	21.5%
Low birthweight	9.3%
Inadequate prenatal care	47.7%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Hampton County Based on PERs

4K

- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

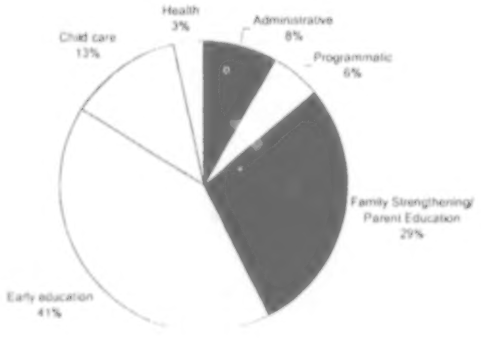
- Postpartum Home Visits
- ✓ Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $371,129, the Hampton County Partnership spent 41 percent on early education and 29 percent on family strengthening. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $216 per child ages zero to five residing in the county or $764 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? In School District 1, one half-day 4K classroom was extended to a full-day classroom. In School District 2, a full-day classroom was opened in an existing 4K program. ***Number of children.*** A total of 41 children were served in the two classrooms. ***Population served.*** The target population for District 1 was children of high-risk parents (single caretakers with low educational attainment, income, and mental stability) who were already registered in part-day programs, and who had low screening measure (DIAL-R) scores. District 2 targeted all children already registered in part-day programs. ***Program model.*** The classroom in District 1 used the High/Scope curriculum, while the classroom in District 2 used elements of Creative Curriculum.

Summer Readiness

Length of program. School Districts 1 and 2 each offered half-day Summer Readiness programs. In District 1, the program began on June 10, 2002 and lasted three weeks; in District 2, the program began on June 13, 2002 and lasted four weeks. ***Number of children.*** Twenty-five children were served in District 1 and 23 children were served in District 2. ***Population served.*** District 1 participants were targeted based on their MAT7 scores, their SCRA scores during 5K, and delayed development in any area of school readiness. District 2 participants were targeted based on SCRA results, delayed development in school readiness, and low language level. ***Program model.*** The District 1 program was based on Creative Curriculum, while the District 2 program was grounded in High/Scope, Pat Cunningham, and Everyday Math curricula.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in December 2001. ***Number of grantees.*** Grants of up to $5,000 were awarded to eight child care providers in order to help them improve their licensure status. ***Key activities.*** Each grantee received a baseline assessment as well as an average of four technical assistance site visits over the course of the program. The grantees bought materials and equipment, and they engaged in staff training/development, including participation in the T.E.A.C.H. program.

Child Care Scholarships

Number of scholarships. Hampton County First Steps provided partial child care scholarships to 30 children between the ages of zero and five. Families at 150-175 percent of the poverty level who were not eligible for ABC vouchers were targeted. ***Next steps.*** The program will be administered by DHHS in the coming year.

■ Family Strengthening

Parents as Teachers

Extended or new program? Two new Parents as Teachers (PAT) programs were implemented–one in School District 1 and one in School District 2. ***Start date.*** The School District 1 program began in November 2001; the School District 2 program began in October 2001. ***Number of families.*** Across the two districts, 94 families were served. ***Population served.*** Participants in both programs were at-risk parents and children who were recruited through referrals and information sessions; the majority of families were African American and headed by a single mother. ***Key activities.*** Both programs focused on, among other things, employing developmentally and age-appropriate educational activities, group parent meetings, a book/toy-lending library, and disseminating informative materials. Parent educators were to make at least one one-hour home visit to each family per month.

■ Health

Well Baby Plus

Extended or new program? Hampton County First Steps contracted with Harrison Peeples Healthcare Center to implement a new program entitled Well Baby Plus. ***Start date.*** The program enrolled its first families in March 2002. ***Number of families.*** Eleven families and children were served. ***Population served.*** Families who were underinsured, without health care, or otherwise at-risk, with infants between the ages of zero and 12 months, were targeted. ***Key activities.*** The program involved five two-hour family group sessions during which well baby care and health and safety education were provided by a licensed health care professional. ***Next steps.*** Future efforts will include additional work to recruit and engage collaborative partners for the program, additional advertising through radio talk shows and speaking at community events, engaging advocates such as successful enrollees who can serve as role models to recruit high risk families, home visits for initial registration of families, providing "take-away" incentives for attendance at sessions, and increased collection and reporting of data from participating families.

County Highlights and Looking Toward the Future

The biggest accomplishment in Hampton County was actually implementing their chosen strategies. Another accomplishment was establishing access to professional development opportunities for child care providers; that was an important step because the county does not have its own technical college. Priorities for the future are to continue to work with the child care providers with whom they established relationships this year, and to recruit additional child care providers. Another priority is to strengthen the health strategy.

Horry County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	6,823
Under age 6	13,563
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	70.5%
Black only, non-Hispanic	21.8%
Other, non-Hispanic	4.3%
Hispanic	3.4%
Families with children < Age 6	
Total number of families	10,409
Married couple family	67.9%
Single householder	32.1%
Children < age 6 with all parents in labor force	62.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	24.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	19.3%
Very poor children < age 6 (1999)	8.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	60.8%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	10.0%
Birth Risk	
Total number of births	2,569
Nonmarital births	42.5%
Births to mothers who lack high school diplomas	21.4%
Births to mothers < age 18	5.1%
Nonmarital and no diploma	15.2%
Low birthweight	8.4%
Inadequate prenatal care	28.7%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Horry County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

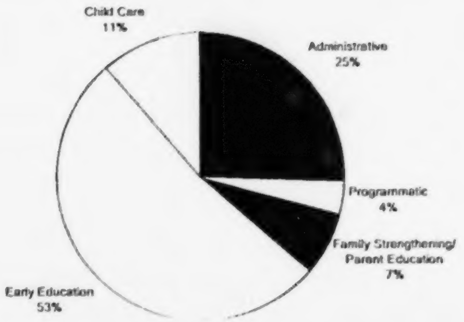
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,042,930, the Horry County Partnership spent 53 percent on early education and 11 percent on child care strategies. The Partnership spent 16 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $77 per child ages zero to five residing in the county or $416 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Two new classrooms were added to an existing 4K program in Horry County. ***Start date.*** The classrooms started in September 2001. ***Number of children.*** A total of 40 children were served in two full-day classrooms. ***Population served.*** The target population was children at risk of not being ready for school (based on DIAL-R scores, mother's educational status, mother's age, number of parents in the home, family income, and guardian status). ***Program model.*** The classrooms incorporated elements of the High/Scope curriculum as well as the Early Literacy Curriculum. ***Next steps.*** Future plans include increasing recruitment efforts by using First Steps publicity, referrals from community agencies, advertisements in local businesses, school staff and teachers, notes/fliers sent home with older children, and physician referrals.

Summer Readiness

Length of program. The Summer Readiness program in Horry County began on June 12, 2002 and lasted three weeks. ***Number of children.*** Ninety-three children were served. ***Population served.*** The program was designed to serve children who were not ready for first grade, which was determined from 5K South Carolina Readiness Assessment scores and teacher recommendations. ***Program model.*** This was a half-day program.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in June 2002; the program will continue into Fiscal Year 2003. ***Number of grantees.*** Grants were awarded to 12 child care providers. Grants averaged around $5,000. ***Key activities.*** Grantees received technical assistance in determining their needs and deciding how to go about improving their quality. They formulated plans to purchase materials or equipment and to engage in professional development activities.

Child Care Scholarships

Number of scholarships. Child care scholarships were provided for six children from four families.

■ Family Strengthening

Parent Child Home

Extended or new program? A new Parent Child Home (PCH) program was implemented in Horry County. First Steps funding was used to hire five parent educators. ***Start date.*** The program began in April 2002. ***Number of families.*** The program served 54 families. ***Population served.*** The goal was to reach at-risk families, especially first-time parents with children ages 16 months to three years in the Loris and Conway areas. ***Key activities.*** Bi-weekly 30-minute home visits were conducted in which the home visitor modeled appropriate caregiver-child interaction and provided books and toys to the families. Additional features of this program included referrals to family literacy and job skills services, a lending library, and child care provided to those participating in PCH and adult education activities; all of these additional services were provided at the Loris Learning Center. ***Next steps.*** In the future, the program will include other areas of Horry County besides Loris and Conway. In addition, it will not only target first-time parents but all at-risk parents of two- and three-year-old children.

County Highlights and Looking Toward the Future

Horry County's Executive Director reported that the county's biggest First Steps-related accomplishment so far has been developing a relationship with the county's child care community. The relationship has reached the stage at which child care providers feel comfortable enough with First Steps to call and ask for information. The County Partnership will continue to work with child care providers in an effort to improve the quality of child care that children receive between the ages of zero and four. In addition, they will try to address a gap in health care services for children.

Jasper County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	852
Under age 6	1,825
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	36.7%
Black only, non-Hispanic	52.7%
Other, non-Hispanic	1.6%
Hispanic	9.0%
Families with children < Age 6	
Total number of families	1,334
Married couple family	60.3%
Single householder	39.7%
Children < age 6 with all parents in labor force	57.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	45.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	27.3%
Very poor children < age 6 (1999)	15.4%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	66.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	5.0%
Birth Risk	
Total number of births	284
Nonmarital births	56.3%
Births to mothers who lack high school diplomas	31.0%
Births to mothers < age 18	8.5%
Nonmarital and no diploma	21.8%
Low birthweight	8.5%
Inadequate prenatal care	58.8%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Jasper County Based on PERs

4K

- Half Day
- ✓ Full Day
- ✓ Other

Summer Readiness

- Any Program

Child Care

- Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

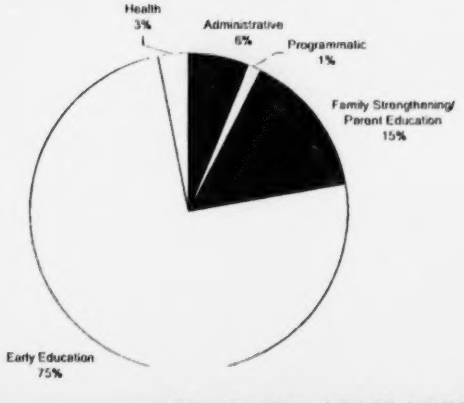
- ✓ Postpartum Home Visits
- ✓ Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $392,133, the Jasper County Partnership spent 75 percent on early education and 15 percent on family strengthening. The Partnership spent 5 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $215 per child ages zero to five residing in the county or $815 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? First Steps funding enabled for the addition of seven full-day classrooms to existing 4K programs. ***Start date.*** The classrooms began in August 2002. ***Number of children.*** A total of 140 full-day classroom slots were filled. ***Population served.*** The target population was children with high needs—particularly low screening measure (DIAL 3) scores and low family income. ***Program model.*** The classrooms used the High/Scope curriculum and the Jasper County School District Pre-School Curriculum. ***Next steps.*** Future plans include collaborating with other school districts to provide High/Scope training, and including support for professional development in the First Steps budget.

4K ESL

Extended or new program? Jasper County used First Steps funds to create one full-day 4K ESL classroom in an existing program. ***Start date.*** The classroom began in August 2001. ***Number of children.*** Twenty children were served. ***Population served.*** The target population was children from non-English speaking homes with high needs (e.g., teen parents, single parent household, and low family income). ***Program model.*** The classroom used the High/Scope curriculum and the Jasper County School District Pre-School Curriculum. ***Next steps.*** In the future, ESL children may receive services within regular 4K classrooms.

■ Family Strengthening

Parents as Teachers & Parent Child Home

Extended or new program? First Steps funding was used to hire four parent educators to expand the county's Parents as Teachers (PAT)/Parent Child Home (PCH) program and provide home visits to families with children enrolled in the 4K program. ***Start date.*** First Steps' additions to the program began in September 2001. ***Number of families.*** A total of 167 families were served. ***Population served.*** The program targeted first-time, low-income, low-literacy, and mostly single and teen parents; some alternative caregivers participated as well. ***Key activities.*** The program offered weekly hour-long visits designed to improve interaction between parents and children, to foster literacy activities in the home and refer parents to literacy classes, and to provide parents with monthly meetings on various topics. ***Next steps.*** The program will add training from the State Department of Education's High/Scope Pre-School Lead Teacher Training Program.

■ Health

Post Partum Home Visitation

Extended or new program? First Steps funds were used by an existing home health visitation program to employ a registered nurse to conduct post partum home visits. ***Start date.*** The First Steps-funded nurse began working with families in February 2002. ***Number of families.*** Through June 2002, nine mothers had received home visits and 31 had been referred to prenatal classes. ***Population served.*** The target population included non-Medicaid, under- or uninsured pregnant women, and mothers at high risk of health problems (HIV, perinatal Hepititis B, etc.) ***Key activities.*** Program activities included pre-natal classes, referrals for health care and parenting education, and at least one home visit (follow-ups were made, if necessary). ***Next steps.*** Plans for the future include making better connections with DHHS Medicaid workers in order to identify families in need of the service.

Screening Program

Extended or new program? A new program was designed to educate child care providers, agencies, and parents about the importance of early screening of, and subsequent intervention in, children's speech, hearing, vision, developmental, and motor abilities. ***Start date.*** The program began in February 2002. ***Number of participants.*** By the end of the program year, five children had been referred for services and 50 service providers or agencies had participated in educational workshops. ***Population served.*** The target groups were parents of young children (ages zero to five), and agencies or providers who work with them. ***Key activities.*** The program distributed 490 brochures on how to identify children with special needs, and referred families to appropriate services.

County Highlights and Looking Toward the Future

The Executive Director in Jasper County reported that the county's biggest accomplishment was implementing full-day 4K classrooms. The program has provided a tremendous opportunity for families who cannot afford quality, formal child care, as well as families who cannot feasibly enroll their children in half-day 4K classrooms because parents have to work all day. Priorities for the future of First Steps programs in Jasper County include continuing and strengthening the 4K program and implementing a child care quality enhancement initiative.

Kershaw County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,067
Under age 6	4,134
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	67.6%
Black only, non-Hispanic	27.4%
Other, non-Hispanic	2.5%
Hispanic	2.5%
Families with children < Age 6	
Total number of families	3,196
Married couple family	70.4%
Single householder	29.6%
Children < age 6 with all parents in labor force	68.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	38.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	18.7%
Very poor children < age 6 (1999)	6.2%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	43.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	7.0%
Birth-Risk	
Total number of births	729
Nonmarital births	27.0%
Births to mothers who lack high school diplomas	20.0%
Births to mothers < age 18	7.1%
Nonmarital and no diploma	8.6%
Low birthweight	9.2%
Inadequate prenatal care	29.5%

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[1] Except where otherwise noted, all data are for 2000

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Kershaw County Based on PERs

4K

Half Day
✓ Full Day
Other

Summer Readiness

Any Program

Child Care

✓ Quality Enhancement Grants
Caregiver Training
✓ Scholarships
Other

Family Strengthening

✓ Parents as Teachers
Parent Child Home
✓ Family Literacy
ESL
✓ Other or Multiple Strategies

Health

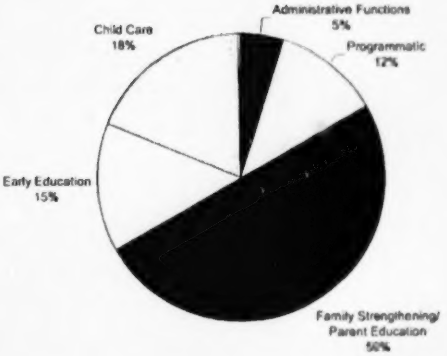
Postpartum Home Visits
Other Strategies

Other

Transportation
Public Awareness
Library Program
Other Strategies

Fiscal Information

Out of total spending of $823,587, the Kershaw County Partnership spent 50 percent on family strengthening and 15 percent on early education. The Partnership spent 7 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $199 per child ages zero to five residing in the county or $1,113 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? First Steps funding was used to add one full-day classroom to an existing Head Start program. ***Start date.*** The program began in August 2001. ***Number of children.*** A total of 20 children were served in the full-day classroom. ***Population served.*** The target population was children from low income families. ***Program model.*** A teacher, a classroom assistant, and a caseworker provided services, including five full days of developmentally appropriate programming per week using the High/Scope curriculum. ***Next steps.*** Plans for the future include expanding into other areas of the county and adding a transportation system that will assist clients in accessing program services.

■ Child Care

Quality Enhancement & Child Care Scholarships

Start date. The County Partnership selected child care providers to receive quality enhancement grants for each child they enrolled with a scholarship worth 75 percent of tuition. The program began in October 2001. ***Number of grantees.*** Five child care providers were selected to receive $6,000 to be used for quality enhancement for each child they enrolled with a scholarship of 75 percent of tuition. ***Number of scholarships.*** Child care scholarships were awarded by the grantees to a total of 21 children from families at 175 percent of the poverty level. ***Key activities.*** Grantees received baseline assessments to help them formulate quality improvement plans, as well as technical assistance as needed. Grantees engaged in equipment purchases, improvements in health and safety, and improvements in staff interaction with children. In addition, caregivers sought professional development—seven staff members enrolled in T.E.A.C.H. and two enrolled in Montessori certification. ***Next steps.*** Plans for the future include providing 15 hours of training workshops to grantees. In addition, child care scholarships will be administered through the DHHS ABC voucher program and will not be attached to the quality enhancement grants.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding was used to expand an existing Parents as Teachers (PAT) program through the addition of two staff members. ***Number of families.*** First Steps funds were used to serve 14 families. ***Population served.*** The program targeted high-risk families with the goal of teaching parenting skills and preventing child maltreatment. ***Key activities.*** Families received one home visit per week and attended one group session per month. For half of the home visits each month, the PAT curriculum was used; for the two remaining visits, staff and families practiced the skills from the previous sessions. Families were evaluated for referral services during intake, and parent educators contacted agencies and assisted in making appointments as needed. ***Next steps.*** A more pro-active recruitment plan will be implemented in the coming year to encourage enrollment. Also, a better system of transportation will be established.

Family Literacy

Extended or new program? The Adult Education Program in Kershaw County used First Steps funds to add parenting components to existing GED and ESL programs. ***Start date.*** Classes began in August 2001. ***Number of families.*** A total of 11 families participated. ***Population served.*** Participants were parents with children between the ages of zero and six. ***Key activities.*** In addition to parents' participation in GED and ESL classes, staff provided hour-long parenting education sessions two times per week based on the Parents as Teachers curriculum. During the first half of the class (30 minutes), parents learned about parenting skills and child development, and observed the teacher modeling how to use activities/materials to encourage cognitive stimulation in, and warmth and nurturing with, their children. During the second half, parents were given time with their children to practice the parenting skills they had learned. On-site child care and a translator were provided.

Fatherhood Program

Extended or new program? A new fatherhood program was implemented in Kershaw County. The program used several models, including the Sisters of Charity Model, the Foundations of Fatherhood curriculum, and Reaching Out to Adolescent Dads. ***Start date.*** The program began in August 2001. ***Number of families.*** A total of 22 families participated in the program. ***Population served.*** The target population was young fathers with children under the age of five, however fathers of all ages and incomes were served. ***Key activities.*** Program activities included assessing fathers' needs, weekly two-and-a-half-hour meetings, referrals, counseling, and parenting education.

County Highlights and Looking Toward the Future

The biggest accomplishment in Kershaw County was providing child care scholarships; through that strategy, the County Partnership was able to reach a large number of families. In the future, the County Partnership would like to expand their child care initiative through collaboration within the county. They would also like to expand their parenting strategies and, in particular, reach more fathers. Other priorities for the future are to improve the county's transportation and to create a link between 4K programs and 5K programs in order to create a smooth transition for children as they enter 5K.

Lancaster County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,457
Under age 6	4,876
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	65.0%
Black only, non-Hispanic	29.9%
Other, non-Hispanic	2.8%
Hispanic	2.3%
Families with children < Age 6	
Total number of families	3,706
Married couple family	63.2%
Single householder	36.8%
Children < age 6 with all parents in labor force	69.9%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	26.5%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	17.0%
Very poor children < age 6 (1999)	11.3%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	50.4%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	2.0%
Birth-Risk	
Total number of births	830
Nonmarital births	44.6%
Births to mothers who lack high school diplomas	26.1%
Births to mothers < age 18	6.9%
Nonmarital and no diploma	21.8%
Low birthweight	12.2%
Inadequate prenatal care	26.9%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Lancaster County Based on PERs

4K
- Half Day
- Full Day
- ✓ Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- ✓ Other

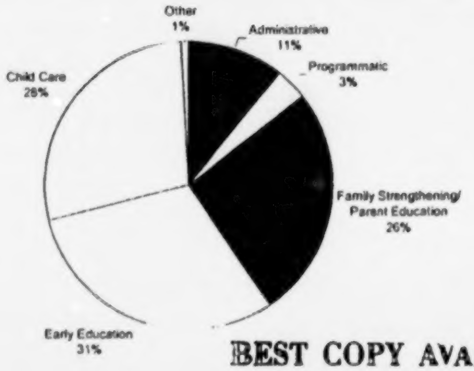
Family Strengthening
- Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $934,852, the Lancaster County Partnership spent 31 percent on early education and 26 percent on family strengthening. The Partnership spent 8 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $192 per child ages zero to five residing in the county or $1,197 per child living in poor county families.



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Program Profiles

■ Early Education

Early Head Start

Extended or new program? First Steps funded the expansion of an existing Early Head Start program by adding a full-day classroom and by providing home-based services for children and their families. ***Number of children.*** Twenty-four children and their families were served. ***Population served.*** The target population was children ages zero to three from low income families. ***Program model.*** The program provided five full days per week of High/Scope-based programming, comprehensive health services for participating children, and other additional services for participating families.

Summer Readiness

Length of program. Lancaster County was home to a four week Summer Readiness program that began on May 15, 2002. ***Number of children.*** The program served 258 children.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded beginning in May 2001. ***Number of grantees.*** Grants of up to $20,000 were awarded to nine child care providers. ***Key activities.*** Consultants provided pre- and post-assessments, technical assistance, mentoring, and training. Nine of the grantees became ABC Enhanced and two became NAEYC accredited.

Network of "Master Teachers"

Start date. Another child care strategy in Lancaster County involved the development of a network of ten "master teachers" who mentored and trained child care providers. The program began in the fall of 2001. ***Number of participants.*** The master teachers worked with a total of 20 center-based child care providers serving children from ages three to five. ***Key activities.*** The master teachers provided training sessions for child care staff and weekly on-site visits. During the weekly visits, the master teachers addressed staff interaction with children and the quality of early learning experiences. Participating child care providers were given activity kits; master teachers provided guidance in the use of the materials (e.g., blocks, manipulatives, sand/water).

■ Family Strengthening

Multiple Strategies

Extended or new program? A new program called the Best Practice Parenting Program was implemented in Lancaster County. The program utilized several models, including Effective Black Parenting, Confident Parenting, and Los Niños. ***Start date.*** The program began in October 2001. ***Number of families.*** A total of 702 families were served. ***Population served.*** Priority for participation was given to DSS-referred and at-risk families (e.g., single parent households, families with limited resources). ***Key activities.*** Program instructors provided two-hour sessions for parents of children ages zero to five at churches, child care centers, and community centers. For each session, the curriculum was customized according to participants' cultural and demographic make-up. All sessions included child care, meals, transportation, and incentives (e.g., certificates) for attending. Referrals for other services were provided if needed.

Multiple Strategies

Extended or new program? A new home visitation program was created based on the Parent Child Home model, as well as other programs and models. ***Start date.*** The program began in January 2002. ***Number of families.*** In all, 58 families participated. ***Population served.*** Targeted participants were families with children ages zero to five who tested not ready for school. ***Key activities.*** Parent educators conducted 30- to 45-minute home visits twice a week with families. Children's needs were assessed using "Ages and Stages" within the first three home visits, and individual education plans were developed accordingly. During the visits, the parent educators modeled verbal interactions and educational play for parents. Families also participated in monthly group meetings.

Reach Out and Read

Extended or new program? First Steps funds were used to hire one staff member to implement a new Reach Out and Read (ROR) program. ***Start date.*** The program began in November 2001. ***Number of children.*** The program served 380 children. ***Population served.*** The target population was children between the ages of zero and five served by pediatric practices with primarily low-income patients. ***Key activities.*** ROR-trained pediatricians provided children with books during each well-baby visit to their office. In addition, nurses explained to parents the importance of early literacy and ways to work with children, and volunteers modeled reading to children in the waiting room.

■ Other

Library Program

Start date. A program designed to enrich the literacy experiences of children in child care centers was initiated in October 2001. The program was modeled after Story Time Express, a program in Charlotte, NC. ***Number of participants.*** The program served about 1,300 children. ***Population served.*** Target participants were child care centers serving children between the ages of zero and five. ***Key activities.*** Services included training and mentoring child care providers, and visiting child care centers to model developmentally appropriate literacy behaviors.

County Highlights and Looking Toward the Future

In Lancaster County, First Steps' biggest accomplishment was fostering community engagement. Another accomplishment was developing their child care initiatives; Lancaster County has been identified as a leader in child care training. The biggest priorities for the future are to assist child care providers in improving their quality and becoming ABC Enhanced. Another priority is to reach more of the Hispanic population through home visitation.

Laurens County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,763
Under age 6	5,486
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	65.9%
Black only, non-Hispanic	29.2%
Other, non-Hispanic	1.9%
Hispanic	3.0%
Families with children < Age 6	
Total number of families	4,153
Married couple family	63.5%
Single householder	36.5%
Children < age 6 with all parents in labor force	64.7%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	55.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	23.6%
Very poor children < age 6 (1999)	11.9%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	46.8%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	5.0%
Birth-Risk	
Total number of births	823
Nonmarital births	45.8%
Births to mothers who lack high school diplomas	31.5%
Births to mothers < age 18	6.7%
Nonmarital and no diploma	21.3%
Low birthweight	9.2%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Laurens County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Child Care

- Quality Enhancement Grants
- ✓ Caregiver Training
- Scholarships
- Other

Health

- Postpartum Home Visits
- Other Strategies

Summer Readiness

- Any Program

Family Strengthening

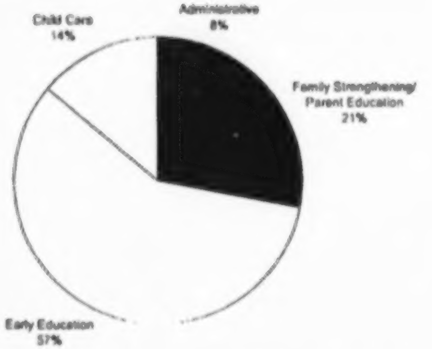
- ✓ Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $831,194, the Laurens County Partnership spent 57 percent on early education and 21 percent on family strengthening. The Partnership spent 5 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $152 per child ages zero to five residing in the county or $639 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Half-day 4K classrooms were extended to full-day in two school districts in Laurens County. In School District 55, six classrooms were extended to full-day; in School District 56, four classrooms were extended to full-day. ***Start date.*** All of the classrooms began in August 2001. ***Number of children.*** In total, 174 children were served. ***Population served.*** The classrooms served at-risk children, based particularly on low language levels, delayed development in any school readiness dimension, family characteristics (e.g., poverty, siblings performing poorly in school, parents with low educational levels), referrals from service providers, and low screening measure (DIAL-R) scores. ***Program model.*** In School District 55, Creative Curriculum was used; in School District 56, the High/Scope curriculum was used.

■ Child Care

Caregiver Training

Number of sessions. A child care training initiative was implemented in Laurens County. Two training sessions were offered to caregivers to be used as part of the 15 hours required for DSS licensure. ***Attendance.*** Thirty caregivers attended the first session; 80 attended the second. ***Topics.*** One session was on "Ages and Stages" (a developmental assessment) and the other was on curriculum development. ***Next steps.*** The County Partnership plans to provide quality enhancement grants to child care facilities where caregivers have completed 15 hours of training.

■ Family Strengthening

Parents as Teachers & Parent Child Home

Extended or new program? First Steps funding was used to serve additional families in an existing home visitation program that used a combination of the Parents as Teachers (PAT) and Parent Child Home (PCH) models. ***Start date.*** First Steps funded families began participating in March 2001. ***Population served.*** This program served single parents, first time parents, teen parents, low income parents, and parents who did not complete high school, with children between the ages of zero and five. ***Key activities.*** Parent educators conducted one-hour visits every two weeks to provide PAT lessons for families. Half-hour visits were also made between those weeks. A phone contact was made occasionally for follow-up and to remind families of upcoming monthly group meetings. The program also modified the PAT and PCH models by focusing on life skills training for adults instead of literacy, and by offering field trips instead of providing PACT time.

County Highlights and Looking Toward the Future

According to Laurens County's Executive Director, the county's greatest accomplishments happened because the County Partnership Board was able to reach consensus quickly. Specifically, they were able to work with Verizon to obtain telephones for needy families, and were also able to work with the Laurens County Rotary Club to secure funds for books for children. Although they feel that 4K is already a strong program in the county, the County Partnership believes that with more teacher training, 4K can make a greater difference in children's lives. In the future, the County Partnership would like to implement more parenting programs and enhance the quality of the county's child care.

Lee County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	814
Under age 6	1,543
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	25.2%
Black only, non-Hispanic	71.4%
Other, non-Hispanic	1.4%
Hispanic	1.9%
Families with children < Age 6	
Total number of families	1,155
Married couple family	51.2%
Single householder	48.8%
Children < age 6 with all parents in labor force	66.0%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	49.6%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	26.6%
Very poor children < age 6 (1999)	8.5%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	78.5%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	6.0%
Birth Risk	
Total number of births	264
Nonmarital births	59.8%
Births to mothers who lack high school diplomas	25.0%
Births to mothers < age 18	7.6%
Nonmarital and no diploma	21.2%
Low birthweight	13.6%
Inadequate prenatal care	28.4%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Lee County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- ✓ Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

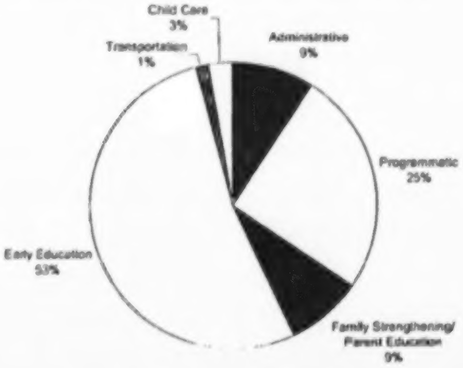
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $507,665, the Lee County Partnership spent 53 percent on early education. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $329 per child ages zero to five residing in the county or $1,247 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? Lee County School District extended six half-day 4K classrooms to full-day. ***Start date.*** The classrooms began in August 2001. ***Number of children.*** A total of 115 children were enrolled. ***Population served.*** The target population was four-year-old children with low developmental assessment (DIAL 3) scores, with a referral from another agency, or with other characteristics that put them at risk of not being ready for school, such as living with a parent who is single, young, or who has a low level of education. ***Program model.*** The classrooms used the High/Scope curriculum. ***Next steps.*** Recommendations for the future include an expanded role for the State Department of Education's Office of Early Childhood Education, and the development of policies and a practice framework for addressing curriculum, personnel, and resource needs.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in January 2002. ***Number of grantees.*** Grants were awarded to eight child care providers. ***Key activities.*** Grantees purchased needed materials and supplies. ***Next steps.*** Plans for the coming year include conducting pre- and post-assessments using environmental rating scales, requiring grantees to participate in training, and fostering the networking of child care providers that began this year as a result of the program.

Extended Hours

Start date. Lee County created a grants program for child care providers to provide extended hours of care. Grants were awarded in March 2002. ***Number of grantees.*** Four child care providers received grants. ***Key activities.*** Twenty-eight children were served through the increased availability of extended care.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding facilitated the expansion of Lee County's Parents as Teachers (PAT) program. Two additional parent educators were hired. ***Number of families.*** A total of 31 families were served. ***Population served.*** One of the First Steps-funded parent educators focused exclusively on teen mothers. ***Key activities.*** Bi-monthly home visits were conducted, as well as group meetings. Developmental assessments were performed using the Ages & Stages Questionnaire and the PAT Parent Knowledge Survey.

County Highlights and Looking Toward the Future

According to Lee County's Executive Director, the county's biggest First Steps related accomplishment has been the creation of a collaborative spirit among child care providers, public schools, and private schools. The three sectors have learned that they can help each other in the interest of the county's children. The highest priorities in the county include addressing the quality and availability of child care, the health needs of the county's children, and transportation issues. Another priority is attempting to reach the hardest to reach families, who might be the most in need of First Steps programs.

Lexington County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	8,856
Under age 6	17,831
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	75.8%
Black only, non-Hispanic	17.4%
Other, non-Hispanic	3.8%
Hispanic	2.9%
Families with children < Age 6	
Total number of families	13,434
Married couple family	74.6%
Single householder	25.4%
Children < age 6 with all parents in labor force	61.4%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001 2002)[2]	38.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	13.5%
Very poor children < age 6 (1999)	6.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	38.2%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	14.0%
Birth-Risk	
Total number of births	2,999
Nonmarital births	29.0%
Births to mothers who lack high school diplomas	15.2%
Births to mothers < age 18	3.9%
Nonmarital and no diploma	10.0%
Low birthweight	7.2%
Inadequate prenatal care	19.1%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Lexington County Based on PERs

4K

- Half Day
- Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

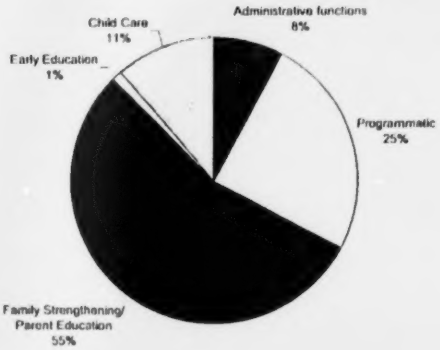
- Postpartum Home Visits
- ✓ Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,974,025, the Lexington County Partnership spent 55 percent on family strengthening. The Partnership spent 9 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $111 per child ages zero to five residing in the county or $820 per child living in poor county families.



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Program Profiles

■ Early Education

Summer Readiness

Length of program. The Summer Readiness program in Lexington County lasted four weeks in June 2002. ***Population served.*** The children who participated in the program were not ready for first grade as evidenced by South Carolina Readiness Assessment scores, teacher observations, or literacy skills. ***Program model.*** The program included three classrooms that met four days per week for four hours each day. The program combined several curriculum models and was designed to develop oral language and print concepts; student phonemic awareness; letter/sound recognition; interest in reading and writing; and gross motor and rhythm skills. It also had a strong emphasis on parental involvement. ***Next steps.*** The Summer Readiness program will not be offered during the summer of 2003.

■ Child Care

Quality Enhancement

Number of grantees. Forty-two child care providers received quality enhancement grants. ***Key activities.*** Grantees used funds for improvements needed to achieve licensure or ABC enhancement, including staff development, facilities improvements, or purchasing materials. In addition, the program included a mentoring component–eight of the grantees who were NAEYC accredited or in the process of becoming accredited served as mentors to some of the other grantees. ***Next Steps.*** The program will continue with its current 42 grantees plus an additional ten. Lexington County First Steps will hire an Early Childhood Specialist to provide consultation and technical assistance to grantees. In addition, Lexington County First Steps plans to work with a local technical college to provide 60 hours of training during the next program year.

■ Family Strengthening

Parents as Teachers

Extended or new program? Existing Parents as Teachers (PAT) programs were expanded in five school districts in Lexington County by hiring additional parent educators. ***Start date.*** The programs began in August 2001 in School District 3; in November 2001 in School Districts 2, 4, and 5; and in January 2002 in School District 1. ***Number of families.*** The First Steps funded parent educators provided services to a total of 395 families. ***Population served.*** The PAT programs had no criteria for eligibility, therefore families were served on a first come, first served basis. ***Key activities.*** The two core activities in the PAT programs were home visits (either once or twice per month) and monthly parent meetings.

■ Health

Information for Parents of Newborns

Extended or new program? A program to distribute bags with information and materials to the parents of newborns is still in the planning stages in Lexington County. This is an extension of a Success by 6 program, which no longer has funding. ***Number of families.*** The plan is to distribute 5,000 bags. ***Population served.*** Bags will be distributed to all parents of newborns in all of Lexington County's hospitals. ***Key activities.*** The bags will contain many items, including a bath safety card, a parenting book, SIDS information, information about First Steps, and information on five parenting centers. The program also plans to provide referrals.

County Highlights and Looking Toward the Future

According to Lexington County's Executive Director, getting five parenting programs up and running in nine months was the county's biggest accomplishment. Priorities for the future include expanding the parenting program and the child care quality enhancement initiative.

Marion County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,463
Under age 6	3,002
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	31.1%
Black only, non-Hispanic	65.0%
Other, non-Hispanic	1.9%
Hispanic	2.0%
Families with children < Age 6	
Total number of families	2,233
Married couple family	52.2%
Single householder	47.8%
Children < age 6 with all parents in labor force	65.5%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	56.7%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	36.8%
Very poor children < age 6 (1999)	20.2%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	76.0%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	6.0%
Birth-Risk	
Total number of births	527
Nonmarital births	57.1%
Births to mothers who lack high school diplomas	26.0%
Births to mothers < age 18	9.7%
Nonmarital and no diploma	19.5%
Low birthweight	12.3%
Inadequate prenatal care	21.6%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Marion County Based on PERs

4K
- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness
- Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

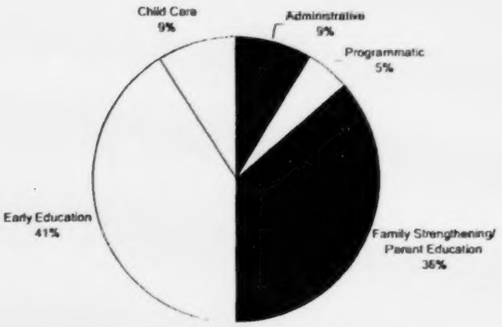
Family Strengthening
- ✓ Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $567,039, the Marion County Partnership spent 41 percent on early education strategies and 36 percent on family strengthening/parent education. The Partnership spent 9 percent on administrative functions and met its match requirement. The Partnership spent $189 per child ages zero to five residing in the county or $532 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? First Steps funds were used to extend 4K programs in School Districts 1, 2, and 7. Two half-day classrooms were opened in District 1, one full-day classroom was opened in District 2, and two full-day classrooms were opened in District 7. ***Start date.*** The classrooms in District 1 began in September 2001; the classrooms in Districts 2 and 7 began in August 2001. ***Number of children.*** Over the course of the school year, 44 children were served in District 1's half-day classrooms; Districts 2 and 7 served a total of 54 in their full-day classrooms. ***Population served.*** The target population was children with one or more of various school readiness risk factors. ***Program model.*** The two half-day classrooms in District 1 used the High/Scope curriculum. The full-day classroom in District 2 did not use a particular curriculum. The two full-day classrooms in District 7 used Creative Curriculum. ***Next steps.*** All districts reported that more or expanded resources and services are needed (especially for additional full-day classrooms, teacher training, and field trips and other activities), as is increased communication between the county First Steps office and the school district.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in April 2002. ***Number of grantees.*** Grants of up to $3,000 were awarded to 18 child care providers. ***Key activities.*** The grants were to be used to improve the quality of care and to begin the process of advancing in licensure/accreditation; information sessions were provided to grantees on the levels of licensure/accreditation. All of the grantees used their funds to purchase materials and supplies. ***Next steps.*** Next year, more support in grant writing will be provided to applicants, the mentoring component will be expanded, and the program will make an effort to identify and recruit the county's child care providers that are most in need of improvement.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to eight children from six families in Marion County in 2002.

■ Family Strengthening

Parents as Teachers & Parent Child Home

Extended or new program? Three programs that combined the Parents as Teachers (PAT) and Parent Child Home (PCH) models were implemented in Marion County School Districts 1, 2, and 7. ***Start date.*** The programs in Districts 1 and 7 began in January 2002; the program in District 2 began in February 2002. ***Number of families.*** Across the three programs, 100 families were served. ***Population served.*** Targeted participants in all districts were families who lived at or below 200 percent of the poverty level, who received aid through DSS/DHEC, and who had high rates of several other risk factors. District 7 targeted young Hispanic mothers in particular. ***Key activities.*** In District 1, parent educators conducted two home visits per month. In Districts 2 and 7, parent educators conducted biweekly, 30-minute home visits. In all three districts, staff also conducted developmental screenings and made referrals to local services or resources. ***Next steps.*** Districts 1 and 2 hope to expand so that other unserved, eligible families can participate. District 7 suggested that home visitors should receive more training on how to make referrals for clients.

County Highlights and Looking Toward the Future

The biggest accomplishment in Marion County was actually implementing the strategies. Priorities for the future are to improve the quality of child care and to foster cooperation between the child care community and schools. Another priority is to address the issues of the poor economy and joblessness in Marion County. One way to do that is to help more families be able to afford child care. Another way is to increase the quality of child care and other early childhood programming, which might, in the long run, attract more industry to the area.

Marlboro County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,200
Under age 6	2,311
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	38.3%
Black only, non-Hispanic	54.5%
Other, non-Hispanic	6.2%
Hispanic	1.0%
Families with children < Age 6	
Total number of families	1,732
Married couple family	50.6%
Single householder	49.4%
Children < age 6 with all parents in labor force	66.4%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	43.9%

At-Risk Children[1]

Poor children < age 6 (1999)	33.9%
Very poor children < age 6 (1999)	17.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	77.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	2.0%
Birth Risk	
Total number of births	434
Nonmarital births	56.5%
Births to mothers who lack high school diplomas	30.6%
Births to mothers < age 18	8.5%
Nonmarital and no diploma	24.4%
Low birthweight	13.4%
Inadequate prenatal care	34.6%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Marlboro County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health

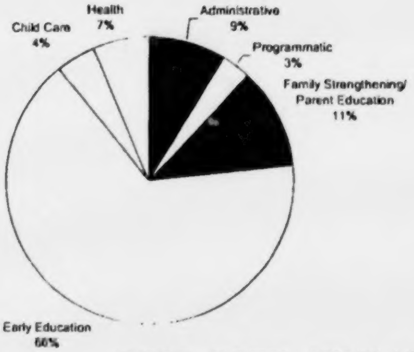
- ✓ Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $497,253, the Marlboro County Partnership spent 66 percent on early education and 11 percent on family strengthening/parent education. The Partnership spent 9 percent on administrative functions and met its match requirement. The Partnership spent $215 per child ages zero to five residing in the county or $637 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? First Steps funds enabled the Marlboro County School District to open one new full-day 4K classroom, while maintaining four full-day classrooms that would otherwise have been reduced to half-day due to budget cuts. ***Start date***. The classrooms began in August 2001. ***Number of children***. A total of 107 children were served. ***Population served***. The classrooms served at-risk children; risk factors included low screening measure (DIAL-R) scores and identified disabilities. ***Program model***. The classrooms used the High/Scope curriculum. ***Next steps.*** Future plans include maintaining current classrooms, adding one additional full-day classroom, strengthening linkages with local child care providers and Head Start, adding and improving age-appropriate playground equipment, and working toward implementing child assessments that complement the goals and objectives of the program.

Summer Readiness

Length of program. A Summer Readiness program lasting four weeks began on June 2, 2002. ***Number of children***. A total of 60 children were served in four classrooms. ***Population served***. This program served at-risk children. Children were assessed and referred by their kindergarten teachers using 22 criteria, such as receiving free or reduced lunch, having a speech problem, and exhibiting behavioral problems. ***Next steps***. In the future, the program will try to enhance parent involvement.

■ Child Care

Quality Enhancement

Start Date. Quality enhancement grants were awarded beginning in March 2002. ***Number of grantees***. Seven grants were awarded in the amount of $3,000 each. Five of the grantees were private child care providers and two were Head Start centers; four were licensed and three were ABC Enhanced. ***Key activities***. Four grantees used their grants to engage in professional development, two purchased playground equipment, and four purchased computers. ***Next steps***. In the future, the program will be promoted well in advance of the application deadline, more time will be allowed for submitting applications, and applicants will be provided with more assistance in completing the applications. Additionally, program planners will place a greater emphasis on staff development, rather than simply purchasing materials.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to two children from two families in Marlboro County in 2002.

■ Family Strengthening

Parenting Skills Home Visitation

Extended or new program? A new home visitation program that used the Effective Black Parenting Program model was implemented in Marlboro County. ***Start date***. The program began in May 2002. ***Number of families***. Twenty-six families enrolled in the program. ***Population served.*** The program served single parents, teen parents, and/or first-time parents. ***Key activities.*** Two 30-minute home visits that focused on parenting skills were scheduled with each family every month. The first several visits were used to build rapport, have permission letters signed, and administer a developmental assessment of the children.

■ Health

Postpartum Assessment

Extended or new program? A new program through which postpartum mothers and their infants were assessed was implemented in Marlboro County. ***Number of families***. Six families participated. ***Population served***. The program served postpartum mothers and their infants. ***Key activities***. The program consisted of a single visit to assess mothers' and infants' needs.

County Highlights and Looking Toward the Future

According to Marlboro County's Executive Director, a major accomplishment was the amount of support for the local school district that First Steps funds allowed. The funding allowed the County Partnership to enhance the quality of the county's early education. In the future, the Partnership plans to further enhance the 4K and Summer Readiness programs. They also plan to focus on children's early literacy and to foster parent involvement.

McCormick County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	252
Under age 6	498
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	25.9%
Black only, non-Hispanic	69.7%
Other, non-Hispanic	3.2%
Hispanic	1.2%
Families with children < Age 6	
Total number of families	377
Married couple family	55.4%
Single householder	44.6%
Children < age 6 with all parents in labor force	72.5%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	51.7%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	32.3%
Very poor children < age 6 (1999)	15.3%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	71.5%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	3.0%
Birth-Risk	
Total number of births	96
Nonmarital births	54.2%
Births to mothers who lack high school diplomas	18.8%
Births to mothers < age 18	6.3%
Nonmarital and no diploma	16.7%
Low birthweight	16.7%
Inadequate prenatal care	35.4%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in McCormick County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- Quality Enhancement Grants
- Caregiver Training
- Scholarships
- ✓ Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health

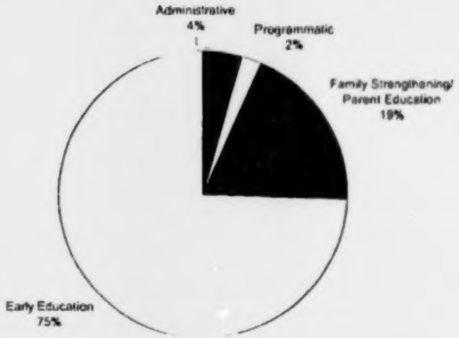
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $350,427, the McCormick County Partnership spent 75 percent on early education and 19 percent on family strengthening. The Partnership spent 5 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $704 per child ages zero to five residing in the county or $2,276 per child living in poor county families.



Program Profiles

■ Early Education

3-4K

Extended or new program? A new 3-4K program was implemented in McCormick County. ***Start date.*** The classroom began in August 2001, but 2001-2002 was the second year of the program's operation. ***Number of children.*** Eleven children were served in one full-day classroom. ***Population served.*** The program served three- and four-year-old children with low screening measure (DIAL-R/DIAL-3) scores, delayed development in any area of school readiness, low language levels, identified disabilities, or referrals from collaborating agencies. The children came from homes experiencing poverty, low parent education, unemployment, high stress and family functioning problems including violence or poor parenting skills. ***Program model.*** The full-day classroom used the High/Scope curriculum.

Summer Readiness

Length of program. The Summer Readiness program in McCormick County lasted six weeks. ***Number of children.*** The program served 11 children; they were the same children enrolled in the year-long 3-4K program (see above). ***Program model.*** The High/Scope curriculum was used in one full-day classroom.

■ Child Care

Funding to Hire Caregivers

Start date. The only child care center in McCormick County was built prior to the receipt of First Steps funding, but due to a lack of funding, the program never got started. In February 2001, First Steps funds were used to hire four certified caregivers. ***Number of children.*** Nine infants and ten toddlers were served.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funds were used to enhance an existing Parents as Teachers (PAT) program in McCormick County. A coordinator, an outreach parent educator, and two home visitors were hired. ***Number of families.*** A total of 95 families were served. ***Population served.*** Families with children between the ages of zero and five received home visits. ***Key activities.*** The strategy combined a home visitation program that used the PAT model with a mobile classroom containing adult education materials, as well as a library story hour for young children.

County Highlights and Looking Toward the Future

According to McCormick County's Executive Director, the County Partnership's biggest accomplishment so far has been increasing the amount of collaboration among the counties' agencies. Collaboration existed before First Steps, but since the initiative's implementation, collaboration has been more effective and smooth. Priorities for the future of First Steps in the county include extending programs to outlying rural areas, as well as expanding the availability of child care.

Newberry County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,404
Under age 6	2,785
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	50.1%
Black only, non-Hispanic	40.0%
Other, non-Hispanic	2.5%
Hispanic	7.3%
Families with children < Age 6	
Total number of families	2,100
Married couple family	59.7%
Single householder	40.3%
Children < age 6 with all parents in labor force	68.5%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	40.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	28.2%
Very poor children < age 6 (1999)	15.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	57.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	2.0%
Birth-Risk	
Total number of births	497
Nonmarital births	44.7%
Births to mothers who lack high school diplomas	26.0%
Births to mothers < age 18	4.4%
Nonmarital and no diploma	17.9%
Low birthweight	9.3%
Inadequate prenatal care	31.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Newberry County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

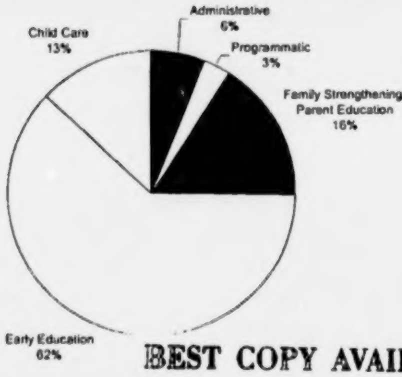
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $511,457, the Newberry County Partnership spent 62 percent on early education and 16 percent on family strengthening. The Partnership spent 7 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $184 per child ages zero to five residing in the county or $655 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Three new full-day classrooms were added to existing 4K programs in Newberry County. ***Start date***. The classrooms began in August 2001. ***Number of children***. The classrooms served a total of 63 children. ***Population served***. The program served children with low screening measure (DIAL-3) scores and other characteristics that put them at risk of not being ready for school (e.g., disabilities; behavior problems; developmental delays; family characteristics such as poverty, living with a parent who is single, young, or has a low level of education; or referral from another agency). ***Program model***. All three classrooms used the High/Scope curriculum. ***Next Steps.*** Plans for the future are to continue the existing classes, explore the possibility of obtaining outside funding for one additional class, and to provide additional High/Scope training for classroom staff in order to maintain quality.

Summer Readiness

Length of program. A four-week summer readiness program began on June 3, 2002. ***Number of children.*** The program served 65 children in seven half-day classrooms. ***Population served.*** Children who were not ready for first grade were targeted, based on South Carolina Readiness Assessment (SCRA) scores and their 5K teachers' judgment. Many of the students were eligible for free or reduced lunch, and some were ESL students. ***Program model***. The program used multiple models, such as Saxon Phonics, Saxon Math, and the High/Scope curriculum.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in July 2001. ***Number of grantees***. Eighteen child care providers were accepted to receive $3,500 grants; however, two grantees dropped out before receiving the full grant amount. ***Key activities.*** Grants were awarded in the form of equipment or materials that the child care providers chose from a catalog. ***Next steps***. The plan for the future of the program is to recruit an additional five child care providers in the county who did not choose to become involved during the program's first year.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funds enabled an existing Parents as Teachers (PAT) program to hire three full-time and two part-time parent educators, as well as a Spanish translator. ***Start date.*** The program began in September 2001. ***Number of families.*** First Steps funds allowed 128 families to be served. ***Population served.*** Any family with a child between the ages of zero and three was eligible for the program. ***Key activities.*** Each family received a one-hour home visit per month. Monthly group meetings were also held.

■ Other

Library Program

Start date. A library program began in September 2001. ***Number of children***. The program served 342 children in 22 child care centers. ***Population served***. The program was designed to serve all four-year-old children in child care in Newberry County. ***Key activities***. The program consisted of two 30-minute visits by a children's librarian to each of 22 child care providers. The librarian helped child care providers conduct story times, utilizing developmentally appropriate interactive reading techniques.

County Highlights and Looking Toward the Future

Newberry County's Executive Director said that a major accomplishment was the implementation of the library program. Through the program, over 300 children were served and 3,150 books were given away to families. The Library Program also received the 2002 Early Childhood Advocate First Steps award. In addition, the Executive Director deemed the 4K program and the child care quality enhancement initiative to be equally successful. In the future, the County Partnership would like to establish a postpartum health program and to create a strategic plan for the improvement of child care.

Oconee County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	2,339
Under age 6	4,801
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	81.1%
Black only, non-Hispanic	11.3%
Other, non-Hispanic	2.9%
Hispanic	4.7%
Families with children < Age 6	
Total number of families	3,634
Married couple family	71.9%
Single householder	28.1%
Children < age 6 with all parents in labor force	63.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	38.3%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	17.6%
Very poor children < age 6 (1999)	7.1%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	46.8%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	8.0%
Birth-Risk	
Total number of births	768
Nonmarital births	30.5%
Births to mothers who lack high school diplomas	26.8%
Births to mothers < age 18	5.7%
Nonmarital and no diploma	14.6%
Low birthweight	8.1%
Inadequate prenatal care	25.8%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Oconee County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- Quality Enhancement Grants
- ✓ Caregiver Training
- Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health

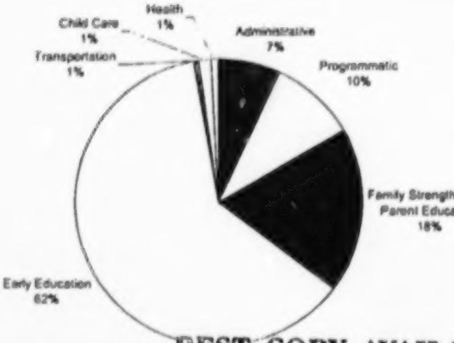
- Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $592,510, the Oconee County Partnership spent 62 percent on early education and 18 percent on family strengthening. The Partnership spent 10 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership exceeded its match requirement. The Partnership spent $123 per child ages zero to five residing in the county or $707 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? First Steps funds were used to implement new 4K programs in three schools. ***Start date.*** The programs began in August 2001. ***Number of children.*** A total of 63 children were enrolled in three full-day classrooms. ***Program model.*** The classrooms used either the High/Scope Curriculum or Creative Curriculum. ***Next steps.*** A major goal of the initiative is to have all 4K classrooms achieve NAEYC accreditation. Plans for the future include collaborating with Head Start to provide appropriate services for children, increasing collaboration with First Steps-supported nurses, and changing screening criteria to consider multiple risk factors, particularly ones that arose frequently in screening during the first year (e.g., ESL and being raised by grandparents).

Summer Readiness

Length of program. The Oconee County ESL Summer Readiness program began on May 29, 2002 and ran for a four-week period. ***Number of children.*** The program served ten children. The program planned to enroll 20 children but did not reach that goal due to time constraints. ***Population served.*** The program served four- and five-year-old Hispanic children with low levels of English language proficiency. ***Program model.*** One half-day classroom met for four days per week. The program used Creative Curriculum, and the goal was to provide a language-rich preschool taught by Spanish-speaking teachers.

■ Child Care

Caregiver Training

Start date. Oconee County First Steps worked with the School District to open their existing early childhood training program to the child care community. The program began in June 2001. ***Number of sessions.*** Five sessions were offered each quarter, with an additional session in June 2002. The sessions lasted six hours and were offered on weeknights or weekends. ***Attendance.*** The total attendance across all five sessions was 170 caregivers (this count is duplicated–some of the caregivers attended more than one session, so fewer than 170 caregivers attended the sessions). ***Topics.*** The training sessions were based on the Creative Curriculum model and included sessions on brain development, infant and toddler development, and classroom management. The South Carolina Department of Social Services (DSS) certified the training so that child care providers could more easily attain their DSS-mandated child care training hours. ***Next steps.*** Plans for the future include developing a child care strategy for Oconee County that includes additional components.

■ Family Strengthening

Multiple Strategies

Extended or new program? A new home visitation program called Principles of Parenting Successfully (POPS) was implemented by the Oconee Department of Social Services. ***Start date.*** The program began in January 2002. ***Number of families.*** The program served 53 families. *Population served.* The program served at-risk families with children between the ages of zero and five. ***Key activities.*** Two curricula were incorporated into the program—Parents as Teachers (PAT) and Systematic Training of Parents (STEP). Program activities included at least one home visit per week (number based on families' needs), referrals to other resources/agencies, transportation to health care services, respite child care, and group field trips.

County Highlights and Looking Toward the Future

According to Oconee County's Executive Director, a great accomplishment has been the Partnership Board's ability to engage the community and build collaborations within the county from the very beginning of their efforts. Because they started the right way—by engaging the community and collaborating with other agencies—the right programs were chosen and they were implemented well. The highest priority for the coming years is to reach as many children as possible to ensure that they are prepared for first grade.

Orangeburg County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	3,596
Under age 6	7,147
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	30.0%
Black only, non-Hispanic	66.1%
Other, non-Hispanic	2.4%
Hispanic	1.4%
Families with children < Age 6	
Total number of families	5,417
Married couple family	54.6%
Single householder	45.4%
Children < age 6 with all parents in labor force	62.5%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	49.1%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	32.3%
Very poor children < age 6 (1999)	17.6%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	68.6%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	7.0%
Birth-Risk	
Total number of births	1,310
Nonmarital births	52.9%
Births to mothers who lack high school diplomas	19.9%
Births to mothers < age 18	6.9%
Nonmarital and no diploma	15.3%
Low birthweight	14.3%
Inadequate prenatal care	35.6%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Orangeburg County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- Any Program

Child Care

- ✓ Quality Enhancement Grants
- Caregiver Training
- ✓ Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health

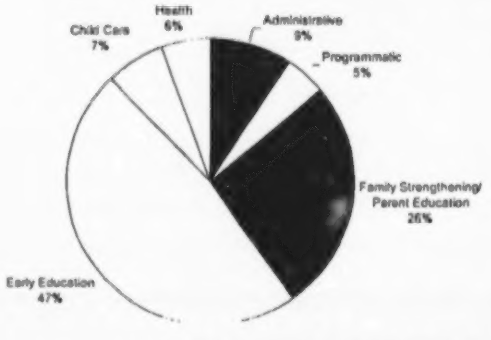
- ✓ Postpartum Home Visits
- Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $692,766, the Orangeburg County Partnership spent 47 percent on early education and 26 percent on family strengthening. The Partnership spent 8 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $97 per child ages zero to five residing in the county or $303 per child living in poor county families.



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Program Profiles

Early Education

4K

Extended or new program? In School District 3, two half-day 4K classrooms were extended to full-day. In addition, existing programs in Districts 4 and 5 each added one full-day classroom. ***Start date.*** The classrooms in Districts 4 and 5 began in September 2001; the classrooms in District 3 began in October 2001. ***Number of children.*** Across the three districts, a total of 80 children were enrolled in full-day classrooms. ***Population served.*** For all districts, the target population was children already enrolled in half-day classes with low developmental assessment (DIAL R) scores, and/or other risk factors for not being ready for school. ***Program model.*** The four classrooms all used the High/Scope curriculum. ***Next steps.*** District 3's program will attempt to open more full-day classrooms, increase contact with parents, and implement assessments to measure child development over the school year. District 4's program may make changes to parent workshop activities according to parent input. In District 5, modifications will include additional staff development in literacy activities.

Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in March 2002. ***Number of grantees.*** Grants of approximately $3,000 were awarded to 15 child care providers to begin the process of becoming ABC Enhanced or NAEYC accredited. ***Key activities.*** Grantees purchased equipment and materials, made improvements in health and safety, and learned about and applied for ABC Enhancement or NAEYC accreditation. Two training sessions were held for the child care directors—one on how to best use First Steps money to improve their centers, the other on how to move their centers to the next level of licensure/accreditation. ***Next steps.*** In the future, the Executive Director will seek guidance from experts in the field of child care. In addition, meetings will be held for grantees to discuss their concerns and successes.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to 25 children from 17 families in Orangeburg County in 2002.

Family Strengthening

Parents as Teachers

Extended or new program? First Steps funds were used to expand existing PAT programs in School Districts 3, 4, and 5. ***Start date.*** First Steps funded parent educators began working with families in November 2001 in District 3; in January 2002 in District 4; and in December 2001 in District 5. ***Key activities.*** All of the programs offered developmental screenings, referrals, monthly group meetings, and home visits. Using literacy kits, handouts, and videotapes, the parent educators helped parents strengthen their parenting skills, increase their knowledge of child development, and enhance family literacy. In Districts 3 and 4, home visits lasted half an hour to 45 minutes; in District 5, visits lasted one hour.

Modified Parents as Teachers

Extended or new program? A new program designed to deliver visits to mothers of newborns while still in the hospital was implemented in Orangeburg County. ***Start date.*** The program began in April 2002. ***Population served.*** All first-time parents were eligible for the service at the Regional Medical Center; most births in Orangeburg County are to single mothers. ***Key activities.*** New mothers received a single hospital visit. During the visit, the Parents as Teachers coordinator showed the new parent(s) the video "Making all the Difference," distributed "welcome baby" bags, informed parent(s) about their school district's parenting program (e.g., First Steps PAT programs in School Districts 3, 4, and 5), and emphasized the importance of the parents' role as their child's first teachers.

Health

Health Home Visits

Extended or new program? First Steps funds were used to extend an existing postpartum home visitation program. ***Start date.*** First Steps funded families were first served in March 2002. ***Population served.*** The families served were non-Medicaid and underinsured. ***Key activities.*** Families received a single home visit lasting between one and three hours. During the visit, the home visitor evaluated the mother and infant and made referrals for services.

County Highlights and Looking Toward the Future

A major accomplishment in Orangeburg County was helping child care providers achieve a higher level of licensure/accreditation. In addition, the 4K and PAT programs were very successful in providing services to children, however the County Partnership would like to improve parental involvement. An important priority for the future is to focus on child care quality enhancement because First Steps funds can affect many children ages zero through five by improving the county's child care.

Pickens County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	4,054
Under age 6	8,024
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	86.1%
Black only, non-Hispanic	7.5%
Other, non-Hispanic	3.4%
Hispanic	3.0%
Families with children < Age 6	
Total number of families	6,094
Married couple family	77.6%
Single householder	22.4%
Children < age 6 with all parents in labor force	62.1%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	27.4%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	14.0%
Very poor children < age 6 (1999)	6.2%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	36.0%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	
Birth-Risk	
Total number of births	1,329
Nonmarital births	25.3%
Births to mothers who lack high school diplomas	23.3%
Births to mothers < age 18	5.1%
Nonmarital and no diploma	11.4%
Low birthweight	7.1%
Inadequate prenatal care	19.1%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Pickens County Based on PERs

4K

- Half Day
- ✓ Full Day
- Other

Summer Readiness

- ✓ Any Program

Child Care

- ✓ Quality Enhancement Grants
- ✓ Caregiver Training
- Scholarships
- Other

Family Strengthening

- ✓ Parents as Teachers
- Parent Child Home
- ✓ Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health

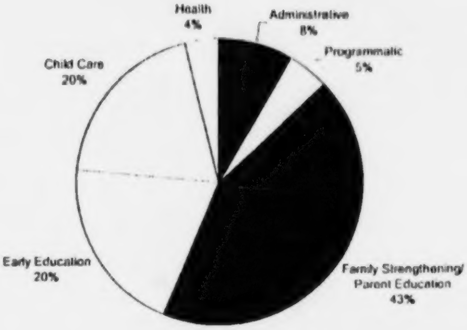
- Postpartum Home Visits
- ✓ Other Strategies

Other

- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $1,113,455, the Pickens County Partnership spent 43 percent on family strengthening/parent education and 20 percent on early education. The Partnership spent 8 percent of its state allocation on administrative functions and met its match requirement. The Partnership spent $139 per child ages zero to five residing in the county or $977 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? A new 4K program was implemented; one full-day classroom was opened. ***Start date.*** The program began in August 2001. ***Number of children.*** Twenty children were served. ***Population served.*** The children in the class were determined to be at-risk based on low screening measure (DIAL 3) scores, low parent education levels, and having young or single parents. ***Program model.*** The classroom used the High/Scope curriculum.

Summer Readiness

Length of program. The Summer Readiness program in Pickens County lasted for two weeks during the summer of 2002.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in April 2002. ***Number of grantees.*** Grants were awarded to four child care providers. Grants averaged around $3,500. ***Key activities.*** Grants were used to pay NAEYC fees and purchase materials and equipment. The county's First Steps staff met with the grantees on several occasions to prioritize needs, approve items to be purchased, and provide guidance in moving to the next level of quality.

Caregiver Training

Start date. Pickens County First Steps contracted with Clemson University to develop a Child Care Leadership and Training Institute (CCLTI) to improve child care providers' access to training and professional development. Courses began in January 2002. ***Number of sessions.*** CCLTI worked with T.E.A.C.H. and Tri-County Technical College to set up two ECD 101 classes, as well as a Level 2 class for caregivers to obtain continuing education credits. ***Attendance.*** A total of 34 caregivers completed an ECD 101 class (which consisted of 16 weekly sessions lasting three hours each). Twenty-three caregivers completed the Level 2 class (which consisted of four six-hour sessions).

■ Family Strengthening

Parents as Teachers

Extended or new program? A new Parents as Teachers (PAT) program was implemented in Pickens County. ***Start date.*** The program began in June 2001. ***Population served.*** The program served teen parents with children between the ages of zero and six. Parents were in need of a GED or a High School diploma and were below 200 percent of the poverty level. ***Key activities.*** One parent educator visited each family for about an hour every week. One-hour workshops were also provided every week to cover topics such as car seats, first aid, CPR, and child care options.

Family Literacy

Extended or new program? A new Family Literacy Center was opened in Pickens County using First Steps funding. ***Start date.*** The Family Literacy Center opened in April 2002. ***Number of families.*** About 20 parents participated in classes at the Center. ***Key activities.*** The Center provided ESL and GED classes for parents as well as parenting classes. Three-hour adult education classes were provided three times per week. The parenting classes were offered for three hours per week. Child care was provided on site while adults attended the classes.

Multiple Strategies

Extended or new program? The Parents as Teacher (PAT) program was added to an existing Even Start family literacy program in Pickens County. ***Start date.*** The program started in August 2001. ***Population served.*** The program served families in poverty with children between the ages of zero and five. ***Key activities.*** Each family received one home visit per week that lasted about an hour. Workshops were also provided.

■ Health

Free Prescriptions

Extended or new program? A new program that provided free prescription medications to families was implemented in Pickens County. ***Start date.*** The program began in April 2002. ***Number of families.*** Five families were served. ***Population served.*** Families served were at or below 250 percent of the poverty level and were ineligible for Medicaid. ***Key activities.*** The program purchased and stocked medications, which were distributed via the Free Clinic. Area doctors were informed of the program and asked to make appropriate referrals.

Distribution of Parenting/Health Manuals

Extended or new program? A new program that distributed parenting/health manuals was implemented in Pickens County. ***Population served.*** The program was targeted to all families with children ages five and younger. ***Key activities.*** 1,200 copies of *Caring for Your Baby and Young Child: Birth to Age 5* were purchased; books are being distributed to parents at three sites: Easley Pediatrics, Clemson Pediatric and Adolescent Medicine, and Pickens County Health Department.

County Highlights and Looking Toward the Future

According to the Executive Director in Pickens County, First Steps has been able to meet the needs of four- and five-year olds directly by offering 4K and Summer Readiness programs. It will be important in the future to stay focused on the long-term goal of improving the school readiness of the county's children. In addition, they will continue to improve their efforts to engage the hardest to reach families in the county.

Richland County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	12,190
Under age 6	24,424
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	39.3%
Black only, non-Hispanic	52.8%
Other, non-Hispanic	4.4%
Hispanic	3.4%
Families with children < Age 6	
Total number of families	18,426
Married couple family	63.5%
Single householder	36.5%
Children < age 6 with all parents in labor force	66.3%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	29.5%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	19.6%
Very poor children < age 6 (1999)	10.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	46.0%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	10.0%
Birth-Risk	
Total number of births	4,460
Nonmarital births	40.9%
Births to mothers who lack high school diplomas	13.8%
Births to mothers < age 18	4.1%
Nonmarital and no diploma	11.1%
Low birthweight	10.9%
Inadequate prenatal care	24.2%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K in from the 2000 Decennial Census.

First Steps Strategies in Richland County Based on PERs

4K
- Half Day
- Full Day
- Other

Summer Readiness
- Any Program

Child Care
- Quality Enhancement Grants
- ✓ Caregiver Training
- ✓ Scholarships
- ✓ Other

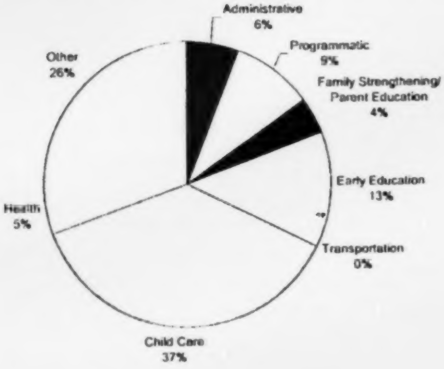
Family Strengthening
- (✓) Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- ✓ Other Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- ✓ Other Strategies

Fiscal Information

Out of total spending of $2,590,048, the Richland County Partnership spent 37 percent on child care strategies. The Partnership spent 6 percent of its state allocation on administrative functions and met its match requirement. The Partnership spent $106 per child ages zero to five residing in the county or $556 per child living in poor county families.



Program Profiles

■ Child Care

Caregiver Training

Start date. A child care training program began in April 2002. ***Number of sessions***. One session was provided. ***Attendance***. A total of 143 caregivers attended the session. ***Topics***. The session provided an overview of the Early Childhood Environment Rating Scale (ECERS).

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to seven children from six families in Richland County in 2002.

Technical Assistance

Start date. A child care technical assistance program began in August 2001. The strategy included technical assistance site visits, information sessions, and the purchase of materials. ***Number of participants.*** Forty-three center-based child care providers and 11 family-based providers took part in the program. ***Key activities***. Five technical assistants (TAs) hired using First Steps funds and five consultants from Interfaith Child Care Resource and Referral conducted weekly site visits to participating child care providers. The visits lasted one to two hours; the TA/consultant observed and participated in the classroom, and helped to plan purchases of educational or health/safety materials. In addition, ten information-sharing sessions were offered. Topics of the sessions included the Infant/Toddler Environmental Rating Scale (ITERS), playgrounds, temperament, and health/safety. The program also included funds for caregivers to work to attain their Child Development Associate Credential.

■ Family Strengthening

Parents as Teachers

Start date. A Parents as Teachers (PAT) program was in the planning stage in fiscal year 2001-02. ***Next steps.*** Richland County First Steps plans to implement PAT in the next fiscal year. Six staff have been hired and trained.

■ Health

Multiple Programs

Extended or new program? Four health programs utilized First Steps funding in Richland County. The Breathe Easy asthma program and the Community Health Nurse program were extensions of existing programs; Health Coordination and the LINC Nutrition Partnership were new programs. ***Start date***. The Breathe Easy asthma program began in January 2001; The Community Health Nurse program began in April 2002; The Health Coordination program began in July 2001; and the LINC Nutrition Partnership began in May 2002. ***Number of families***. Breathe Easy served 56 families; the Community Health Nurse program served four families and seven child care providers; and the LINC Nutrition Partnership served seven families. ***Population served***. All of the programs targeted at-risk populations, however each program had its own criteria for identifying risk status. For example, the Breathe Easy program served families of children ages five and under with asthma. The Community Health Nurse program served families of newborns that were not eligible for home visits through Medicaid. ***Key activities***. The Breathe Easy program conducted home visits to deliver educational materials to families about asthma. The Community Health Nurse program conducted one postpartum home visit to families and consulted with child care programs to help them with health care issues. The Health Coordination program conducted monthly meetings of health service providers, during which referrals were shared, networking took place, and upcoming events were discussed. The LINC Nutrition Partnership conducted visits to families.

■ Other

Library Program

Start date. A library program began in February 2002. ***Key activities***. There were two activities. The first was to establish book collections in child care programs and to train child care staff in methods to read aloud. The second was to conduct workshops for parents and child care providers.

Resources for Readiness

Start Date. Resources for Readiness, a program that gave community organizations start-up money either to begin a new program or to expand a program that provided services for children and families, began in August 2001. ***Number of participants.*** Richland County First Steps collaborated with 34 community organizations. ***Population Served.*** Children ages zero to five and their families were served. ***Key activities.*** Richland County First Steps contracted the Central Carolina Community Foundation (CCCF) to help summarize the findings from the program.

County Highlights and Looking Toward the Future

According to Richland County's Executive Director, the county's major accomplishment was generating the community's enthusiasm about early education. They were able to convey to families that education needs to begin at an early age, namely ages zero to three. In the future, the County Partnership would like to reach even more children and families and to enhance their child care strategies and PAT program.

Saluda County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	753
Under age 6	1,484
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	52.8%
Black only, non-Hispanic	34.8%
Other, non-Hispanic	1.1%
Hispanic	11.3%
Families with children < Age 6	
Total number of families	1,093
Married couple family	66.7%
Single householder	33.3%
Children < age 6 with all parents in labor force	61.8%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	39.2%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	24.9%
Very poor children < age 6 (1999)	8.8%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	56.4%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	4.0%
Birth-Risk	
Total number of births	257
Nonmarital births	45.1%
Births to mothers who lack high school diplomas	31.9%
Births to mothers < age 18	9.7%
Nonmarital and no diploma	21.0%
Low birthweight	9.3%
Inadequate prenatal care	35.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Saluda County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

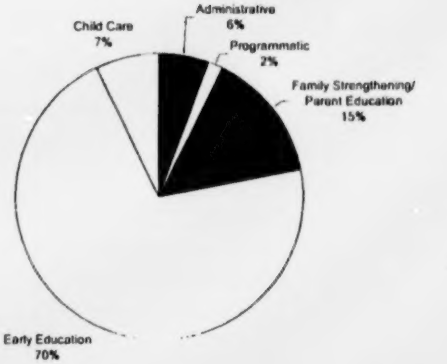
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $399,253, the Saluda County Partnership spent 70 percent on early education and 15 percent on family strengthening. The Partnership spent 7 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $269 per child ages zero to five residing in the county or $1,100 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? Six half-day 4K classrooms in two schools were extended to full-day classrooms using First Steps funds. ***Start dates?*** The classrooms began in August 2001. ***Number of children.*** A total of 123 children were served. ***Population served.*** The program served children with low screening measure (DIAL-3) scores. ***Program model.*** The classrooms used the High/Scope curriculum. ***Next Steps.*** Plans include carrying out more advertising (e.g., posting and handing out fliers in grocery stores and other locations) and obtaining referrals through the county's Parents as Teachers program. In addition, more field trips, manipulatives, and books will be added to the classrooms.

Summer Readiness

Length of Program. A summer readiness program that lasted three weeks ran in June 2002. ***Number of children.*** A total of 35 children participated in four full-day classrooms. ***Population served.*** The selection of children was based on end of year school records and teachers' assessments. ***Program model.*** A teacher-created curriculum was used in the classrooms.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in January 2002. ***Number of grantees.*** Grants ranging from $1,439 to $2,500 were awarded to nine child care providers. ***Key activities.*** The grantees used the grants to purchase materials and supplies. Each grantee received at least two technical assistance site visits within three months of receiving their grants. ***Next steps.*** In the future, training will be provided for child care staff, and they will also be encouraged to participate in T.E.A.C.H.

■ Family Strengthening

Parents as Teachers

Extended or new program? An existing Parents as Teachers (PAT) program with a focus on serving Spanish-speaking families was extended using First Steps funding. ***Start date.*** First Steps funded families were first served in January 2002. ***Number of families.*** First Steps funds permitted the program to serve 11 families. ***Population served.*** The program served at-risk, low literacy families with children between the ages of zero and three. Particular attention was given to Spanish-speaking families. ***Key activities.*** Parent educators made 90-minute home visits twice a month. Group meetings (one in English, one in Spanish) were scheduled for every other month, and lasted 90 minutes each. In addition, twice a month (once in English, once in Spanish), book-reading activities for parents and their children (PACT time) were made available at the Saluda District One Parent Resource Center. ***Next steps.*** The program plans to develop a screening instrument that will be a rating scale of risk factors so that they can identify the highest risk families and move them to the top of the waiting list. They also plan to conduct recruitment during kindergarten registration at Saluda Elementary School, which has the highest percentage of Spanish speaking children in the district. In addition, they plan to identify strategies to encourage community resources to make referrals to the PAT program.

■ Health

Postpartum Home Visitation

Extended or new program? First Steps funds were used to extend an existing DHEC postpartum/newborn home visitation program. ***Start date.*** The program began in May 2002. ***Number of families.*** The program served five families in a one-month period. ***Population served.*** The population served was new mothers without Medicaid or other insurance, and/or new mothers whose infants were discharged from the Self Regional Healthcare Neonatal Intensive Care Unit. ***Key activities.*** The main activity of the program was a single home visit, which lasted two and a half hours, by a registered nurse. The nurse assessed the health status of the postpartum mother and newborn, and also evaluated the nutritional, developmental, emotional, and educational needs of the family.

■ Other

Library Program

Start date. A library program began in February 2002. ***Number of participants.*** The program served 20 parents and caregivers of children ages zero to five, nine Head Start/4K programs, and eight child care providers (home-based and centers), thereby serving a total of 200 children. ***Key activities.*** Program activities included monthly story times for pre-school children and their parents and quarterly workshops.

County Highlights and Looking Toward the Future

According to Saluda County's Executive Director, one of the county's major accomplishments was the 4K program. Parents felt that their children made significant gains by attending 4K. Another highlight for the county was the Summer Readiness program; the Executive Director believed that children excelled in the program because of the one-on-one attention they received in small classes.

Spartanburg County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	9,918
Under age 6	20,108
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	67.1%
Black only, non-Hispanic	23.8%
Other, non-Hispanic	4.7%
Hispanic	4.5%
Families with children < Age 6	
Total number of families	15,173
Married couple family	69.7%
Single householder	30.3%
Children < age 6 with all parents in labor force	63.3%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	29.6%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	15.5%
Very poor children < age 6 (1999)	7.8%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	43.3%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	9.0%
Birth-Risk	
Total number of births	3,344
Nonmarital births	30.7%
Births to mothers who lack high school diplomas	25.5%
Births to mothers < age 18	5.7%
Nonmarital and no diploma	13.5%
Low birthweight	9.3%
Inadequate prenatal care	27.9%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Spartanburg County Based on PERs

4K
- ✓ Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- ✓ Caregiver Training
- ✓ Scholarships
- Other

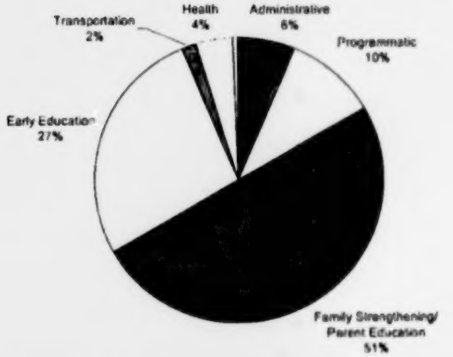
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- ✓ Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- ✓ Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $2,695,099, the Spartanburg County Partnership spent 51 percent on family strengthening and 27 percent on early education. The Partnership spent 7 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $134 per child ages zero to five residing in the county or $867 per child living in poor county families.



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Program Profiles

■ Early Education

4K

New or extended program? First Steps Funds were used to extend an existing 4K program. ***Number of children***. Five full-day, and four half-day 4K classrooms were established, serving 194 children. ***Population served***. Children who scored low on a developmental screening instrument (DIAL-3 or DIAL-R) were served. ***Program model***. The programs used a variety of curriculum models; among the models used was the High/Scope curriculum, adapted to meet the needs of children within the county.

Summer Readiness

Length of program. First Steps funded a four-week summer readiness program that began in June 2002. ***Number of children.*** The summer readiness program served 247 children in 19 classrooms. ***Population served***. The program served children transitioning to first grade identified as at risk for not being ready for first grade. ***Program model***. This program adopted Greenville County's summer readiness program (please see the Greenville County Profile for more information).

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were first awarded in July 2001. ***Number of grantees***. Eighteen child care providers received quality enhancement grants averaging $3,571. ***Key activities***. Grantees purchased equipment and supplies, and participated in staff development activities.

Caregiver Training

Start date. A child care training program began in July 2001. ***Number of sessions***. DSS-approved presenters provided 29 training sessions lasting two hours each at various locations for child care staff, in order to help them attain the 15 hours required for DSS licensing. Some caregivers also participated in distance learning sessions for child care staff, broadcast from the National Head Start Center. ***Attendance***. The total attendance across all DSS sessions was 415, with staff members from 112 different child care facilities each attending one or more sessions. Total attendance was 58 for the distance learning sessions. ***Topics***. Sessions covered four content areas: curriculum, child development, health and safety, and administration.

T.E.A.C.H. Scholarships

Start date. Child care staff were awarded scholarships in July 2001 to participate in the T.E.A.C.H. program. ***Number of participants.*** Ninety-two scholarships were awarded.

■ Family Strengthening

Parents as Teachers

New or extended program? A new Parents as Teachers (PAT) program was implemented. ***Start date***. The program began in July 2001. ***Number of families***. A total of 344 families received PAT services. ***Population served.*** The program served families with children ages zero to three who had four or more identified risk factors. ***Key activities***. Activities included at least two one-hour home visits a month, plus one group meeting a month. Parents were also referred to other community resources, as needed. Toys and books were left with families after home visits

Family Literacy (Kenan Model)

New or extended program? First Steps funding was used to open three family literacy sites in Spartanburg County. This program extended existing adult education programs by adding child care, parenting classes, and PACT time. ***Start date.*** The Family Literacy program began in August 2001. ***Number of families***. With First Steps funding, the program served 107 families. ***Population served***. The program served parents and/or caregivers of children ages zero to five with low literacy and high stress factors. ***Key activities***. The sites used the Kenan Family Literacy model and were open four days a week (for four hours/day) and two evenings a week (for three hours/night).

■ Health

Home Based Health Services

Extended or new program? This program was new to the county, but was cancelled after eight months because there was no agreement to allow nurses to recruit families in a local hospital. ***Start date***. This program began in September 2001. ***Number of families***. This program served 158 families. ***Population served***. Non-Medicaid eligible families with newborns were provided services. ***Key activities***. Before being cancelled, program activities included providing health examinations and assessments, and providing health education. The intent was to provide seven visits—one visit for each newborn and planned follow-up visits at six months, one year, two years, three years, four years, and five years.

County Highlights and Looking Toward the Future

The Spartanburg County Executive Director indicated that First Steps programs made a difference in the lives of the county's children and families, helping many parents to make gains personally and with their children. Publicity efforts such as putting in place 40 billboards (ten in Spanish) across the county were very effective. In addition, the county First Steps office hosted a child care conference and improved coordination within the child care community. The County Partnership plans to sustain its programs and to continue to work with the school districts to expand upon accomplishments.

Sumter County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	4,741
Under age 6	9,370
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	44.3%
Black only, non-Hispanic	49.9%
Other, non-Hispanic	3.3%
Hispanic	2.5%
Families with children < Age 6	
Total number of families	6,848
Married couple family	63.7%
Single householder	36.3%
Children < age 6 with all parents in labor force	63.5%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	34.9%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	23.3%
Very poor children < age 6 (1999)	12.7%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	55.9%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	5.0%
Birth-Risk	
Total number of births	1,744
Nonmarital births	46.7%
Births to mothers who lack high school diplomas	20.4%
Births to mothers < age 18	6.8%
Nonmarital and no diploma	16.4%
Low birthweight	10.0%
Inadequate prenatal care	38.1%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Sumter County Based on PERs

4K

Half Day
Full Day
Other

Summer Readiness

Any Program

Child Care

✓ Quality Enhancement Grants
Caregiver Training
✓ Scholarships
Other

Family Strengthening

✓ Parents as Teachers
Parent Child Home
✓ Family Literacy
ESL
Other or Multiple Strategies

Health

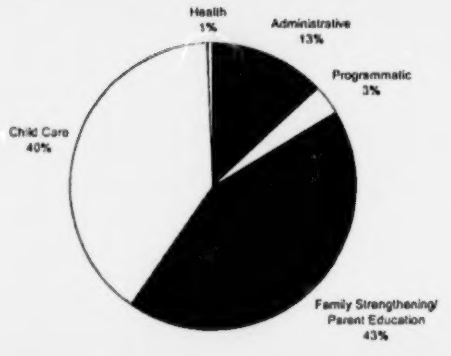
✓ Postpartum Home Visits
Other Strategies

Other

Transportation
Public Awareness
Library Program
Other Strategies

Fiscal Information

Out of total spending of $686,463, the Sumter County Partnership spent 43 percent on family strengthening and 40 percent on child care strategies. The Partnership spent 16 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $73 per child ages zero to five residing in the county or $322 per child living in poor county families.



Program Profiles

Child Care

Quality Enhancement

Start date. First Steps quality enhancement grants were first awarded to child care providers in February 2002. This program was an extension of the Success By 6/Bank of America Child Care Quality Improvement program begun in 2001. ***Number of grantees***. With First Steps funds, grants were awarded to 27 child care providers. ***Key activities***. First Steps staff worked with grantees to develop quality improvement plans. Grantees purchased needed materials and equipment, and received on-site technical assistance. In addition, 22 grantees were paired with NAEYC accredited child care providers who served as mentors. The grantees visited their mentoring sites to observe a classroom for a minimum of one and a half hours. Success By 6 arranged for training sessions on topics such as CPR/First Aid, networking, playgrounds, and food service. ***Next steps***. The program would like to establish a fully-funded Child Care Resource and Referral program.

Child Care Scholarships

Number of scholarships. Child care scholarships were awarded to 33 children from 23 families in Sumter County in 2002.

Family Strengthening

Parents as Teachers

New or extended program? Two school districts received First Steps support for Parents as Teachers programs; the program in District 2 was new, while the program in District 17 was an extension of an existing program. District 2 provided seven parent educators and District 17 provided six parent educators. ***Start date***. District 2 parent educators began seeing clients in February 2002; in District 17, clients were seen beginning in March 2002. ***Number of families***. A total of 235 families were served by the two programs. ***Population served***. The program in District 2 targeted families identified as being at-risk based on parent characteristics (e.g., single parents, first time parents, teen parents, low income parents, parents without high school diplomas). The program in District 17 was open to all interested families. ***Key activities***. In District 2, seven parent educators, following the PAT curriculum, conducted 90-minute home visits twice a month, developed plans for each family based on initial assessments, and provided referrals and services. In District 17, six parent educators also conducted 90-minute home visits twice per month and helped parents understand their responsibilities in their children's early education and home-school liaison activities. In District 17, other activities were also described, including family education workshops offered monthly at several elementary schools, lending libraries with educational toys, tapes, books, and other resources; and parenting centers providing information on parenting skills, job skills and literacy skills. ***Next steps***. District 2 plans to initiate group meetings for parents that focus on skill building and understanding child development.

Family Literacy

New or extended program? First Steps funds were used to develop a new family literacy program in Sumter County. ***Start date***. Beginning in February 2002, the Sumter County Adult/Community Education program provided GED, basic skills, parenting, technology, and job training classes to adults to address high levels of illiteracy, unemployment and crime in the county. ***Number of families***. The program served 103 parents of young children. ***Population served***. The program targeted parents facing a variety of barriers to success (e.g. limited education, poverty, unemployment). ***Key activities***. Activities included Read to Your Child seminars to encourage reading as a family, provision of children's books to read at home, adult academic (i.e., basic skills, GED, high school diploma, and ESL) classes, and provision of vocational training opportunities and internships for participants passing a final evaluation. Families were also given books for children. The program offered transportation to activities and services at various times of the day.

Health

Postpartum Home Visits

Extended or new program? This was an extension of an existing DHEC postpartum home visitation program. ***Start date***. The program began in February 2002. ***Number of families***. The program served 49 new mothers and their infants. ***Population served***. The target population was new mothers and their infants who were ineligible for Medicaid and who had household incomes between 185 percent and 250 percent of the poverty line. ***Key activities***. Clinical assessments were conducted and referrals were made during one two-hour home visit, with follow-up as needed.

County Highlights and Looking Toward the Future

According to the Sumter County First Steps Executive Director, the biggest accomplishment of First Steps in the county was addressing the identified needs of children. The programs implemented were comprehensive and addressed a variety of needs. Specifically, the Sumter County Adult/Community Education program was very successful in enhancing parenting skills. A priority for the future is to continue to work with child care providers to help them improve their quality. Another priority is to enhance collaboration within the county.

Union County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,104
Under age 6	2,269
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	59.3%
Black only, non-Hispanic	38.5%
Other, non-Hispanic	1.5%
Hispanic	0.7%
Families with children < Age 6	
Total number of families	1,764
Married couple family	58.7%
Single householder	41.3%
Children < age 6 with all parents in labor force	68.2%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	52.7%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	22.1%
Very poor children < age 6 (1999)	10.1%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	54.2%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	1.0%
Birth Risk	
Total number of births	376
Nonmarital births	46.5%
Births to mothers who lack high school diplomas	23.7%
Births to mothers < age 18	6.4%
Nonmarital and no diploma	18.1%
Low birthweight	13.3%
Inadequate prenatal care	29.0%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first sixty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Union County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- ✓ Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

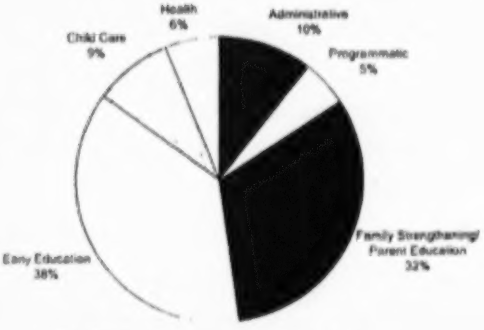
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- ✓ Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- ✓ Library Program
- Other Strategies

Fiscal Information

Out of total spending of $510,432, the Union County Partnership spent 38 percent on early education and 32 percent on family strengthening/parent education. The Partnership spent 10 percent of its state allocation on administrative functions and met its match requirement. The Partnership spent $225 per child ages zero to five residing in the county or $1,066 per child living in poor county families.



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Program Profiles

■ Early Education

4K

Extended or new program? Five half-day 4K classrooms in four schools were expanded to full-day in Union County. ***Number of children.*** This program enrolled 100 children across all classrooms. ***Population served.*** The programs served at-risk children with low scores on a developmental screening instrument, the DIAL-3. ***Program model.*** The program used the High/Scope curriculum model. ***Next steps.*** Plans for the future are to expand all half-day 4K classrooms to full-day, provided that resources are available.

Summer Readiness

Length of program. The summer readiness program began on June 3, 2002, and ran for four weeks, five half-days per week. ***Number of children.*** Thirty children participated in this program, which operated in four classrooms in four different elementary schools. ***Population served.*** The program was designed for children transitioning to first grade who were identified as being not ready for first grade, based on low SCRA scores, low scores on a developmental screening instrument (the DIAL-R), other indications of delayed development in any school readiness dimension, and teacher recommendations. ***Program model.*** This half-day summer readiness program used the High/Scope curriculum.

■ Child Care

Quality Enhancement

Start date. Quality enhancement grants were awarded in November 2001. ***Number of grantees.*** Ten teachers from six child care centers participated in this program. ***Key activities.*** Ten teachers from six child care centers received scholarships to attend a High/Scope curriculum training program involving nine two-day sessions. Participating child care centers received $1,500 grants for each teacher who completed the training program. Grantees used the money to purchase materials and supplies; High/Scope technical assistance was also provided.

■ Family Strengthening

Parents as Teachers

Extended or new program? First Steps funding permitted the existing Family Resource Center, which had provided center-based and home visiting services, to hire four additional parent educators. ***Start date.*** This program began in August 2001. ***Number of families.*** First Steps funding permitted this program to serve an additional 120 families, bringing actual enrollment to 137. ***Population served.*** This program was open to any parents with children from birth to age seven who were interested in enrolling, although efforts were made to identify and recruit at-risk families. ***Key activities.*** The parent educators conducted 45-minute home visits with each family every week, taught parents how to work with children to improve school readiness, and provided literacy information. In addition, families had an option of coming to the center for additional time, and parenting workshops were held twice a month during the school year.

■ Health

Home Based Health Services

Extended or new program? Home-based health services (Resource Mothers) was a new program in Union County. ***Start date.*** The program began in February 2002. ***Number of families.*** This program provided services to 21 pregnant teenagers. ***Population served.*** The program served first-time pregnant teens, following them as they make the transition to parenthood. ***Key activities.*** Activities included training two lay community health workers (Resource Mothers), who provided mentoring and referrals as needed to teenagers during an average of two hours of contact each month, and providing education programs and activities for the mothers. Each teen mother received two hours of contact with community health workers per month. Monthly educational programs on topics such as nutrition and personal finances were also conducted.

■ Other

Library Program

Start date. This library program began in August 2001. ***Number of preschool classes served.*** The program provided storytelling services to 27 classes (approximately 400 children). ***Population served.*** Children ages zero to five enrolled in 27 preschool and child care programs across Union County received services. ***Key activities.*** Activities included weekly 30-minute story reading sessions in preschool classes, informing parents of library-based activities and programs, encouragement of early learning by providing items such as coloring books for children to take home, and library field trips.

County Highlights and Looking Toward the Future

A major accomplishment in Union County was the extension of five 4K classrooms from half- to full-day. Other programs were also highly successful: the library strategy generated enthusiasm about literacy, and the Resource Mothers program successfully reached teen mothers. In the future, the County Partnership would like to continue to develop the programs that have already been implemented, as well as to implement new programs that were in the planning stages in fiscal year 2001-02.

Williamsburg County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	1,572
Under age 6	3,077
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	26.2%
Black only, non-Hispanic	71.8%
Other, non-Hispanic	1.1%
Hispanic	0.9%
Families with children < Age 6	
Total number of families	2,284
Married couple family	56.6%
Single householder	43.4%
Children < age 6 with all parents in labor force	60.6%
4K Participation	
Children in all public 4K as percent of all 4-year-olds (2001-2002)[2]	21.7%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	36.4%
Very poor children < age 6 (1999)	14.0%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	72.7%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	28.0%
Birth-Risk	
Total number of births	543
Nonmarital births	54.3%
Births to mothers who lack high school diplomas	21.9%
Births to mothers < age 18	6.4%
Nonmarital and no diploma	16.6%
Low birthweight	13.1%
Inadequate prenatal care	32.6%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in Williamsburg County Based on PERs

4K
- Half Day
- ✓ Full Day
- Other

Summer Readiness
- Any Program

Child Care
- ✓ Quality Enhancement Grants
- Caregiver Training
- Scholarships
- Other

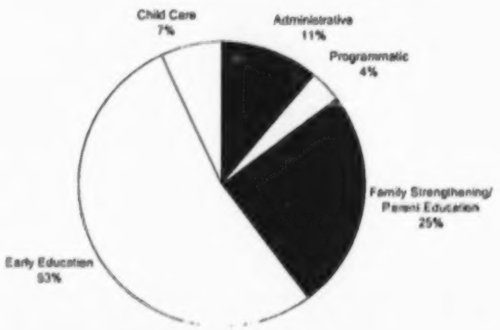
Family Strengthening
- Parents as Teachers
- ✓ Parent Child Home
- Family Literacy
- ESL
- ✓ Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $531,080, the Williamsburg County Partnership spent 53 percent on early education and 25 percent on family strengthening. The Partnership spent 12 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $173 per child ages zero to five residing in the county or $490 per child living in poor county families.



Program Profiles

■ Early Education

4K

Extended or new program? Two half-day 4K classes were extended to full-day (in two different schools), and one full-day classroom was added to an existing program (in a third school). ***Start date.*** The two expanded-day classrooms started in August 2001; the new classroom started in January 2002. ***Number of children.*** A total of 61 children were enrolled in the three full-day classrooms. ***Population served.*** The program served children with the most significant developmental delays and the greatest number of additional risk factors for school readiness (e.g., low birth weight, referral from a collaborating agency, low family income, parents with low education levels). ***Program model.*** All three classrooms used the High/Scope Curriculum. ***Next steps.*** Future plans include creating more full-day classrooms so that more children can be served.

■ Child Care

Quality Enhancement Grants

Start date. Quality enhancement grants were awarded in May 2002. ***Number of grantees.*** Grants were awarded to 25 child care providers (eight private center-based providers and 17 family-based providers). Grants ranged from $500 to $2,500, with an average of $2,000. ***Key activities.*** Because the program got started later than expected, only four grantees spent all of the funds awarded to them by June 30. Eight providers did not spend any of their funds and the rest spent a portion of their funds. In addition to the provision of grants, the county's First Steps purchased children's books and a mobile book tower for each grantee, as well as swings for providers in need of playground equipment. ***Next steps.*** Plans for the future of the program include reaching out to the county's child care providers with the greatest need for improvement.

■ Family Strengthening

Parent Child Home

Extended or new program? An existing Parent Child Home (PCH) program was extended in Williamsburg County. Four home visitors were hired using First Steps funds. ***Start date.*** The First Steps funded home visitors began working with families in January 2002. ***Number of families.*** A total of 39 families were served by the First Steps funded home visitors. ***Population served.*** The program served families with two- or three-year-olds in which parents had low literacy levels, low income, and high stress. ***Key activities.*** Families received two 30-minute home visits per week, during which the home visitor modeled interactions or provided feedback on parents' interaction with the children. The program also provided toys and books for the families and gave parents a guide sheet of questions parents could use with their children to prompt good interaction. ***Next steps.*** Plans for the future include assessing outcomes for children and parents.

Motheread/Fatheread

Extended or new program? First Steps funding was used to add a Motheread/Fatheread program to an existing Fatherhood Initiative in Williamsburg County. ***Start date.*** The program began in May 2002. ***Number of families.*** The program served a total of 73 parents--17 non-custodial fathers and 57 mothers (none were parents of the same child). ***Population served.*** The program planned to serve 50 non-custodial fathers of children ages zero to five, as well as the children's mothers. However, it was difficult to recruit 50 non-custodial fathers; as a result, mothers unaffiliated with the participating fathers were included so that resources could be used rather than wasted. ***Key activities.*** One-hour parent meetings were held twice per week; parents were only required to attend one meeting per week. The purpose of the meetings was to teach parents how to tell stories and read books to their children. Parents received children's books to take home with them. ***Next steps.*** Goals for the future of the program are to explore ways to engage both parents, and to redesign the program for a smaller number of fathers (10 to 15) rather than the initial goal of 50 fathers.

County Highlights and Looking Toward the Future

According to the Executive Director in Williamsburg County, setting up the County Partnership Board and implementing programs were big accomplishments. Priorities for the next few years include monitoring the progress of children in first grade who had participated in First Steps programs, and comparing their progress to children who had not participated in First Steps programs. Data collection will be essential to show whether or not First Steps is making a difference in Williamsburg County.

York County

Profile of the County's Children

Child Population Characteristics[1]

Number of Children	
Under age 3	6,596
Under age 6	13,452
Race and Ethnicity of Children < Age 6	
White only, non-Hispanic	71.0%
Black only, non-Hispanic	21.6%
Other, non-Hispanic	4.6%
Hispanic	2.8%
Families with children < Age 6	
Total number of families	10,208
Married couple family	72.3%
Single householder	27.7%
Children < age 6 with all parents in labor force	64.4%
4K Participation	
Children in all public 4K as percent of all 4 year-olds (2001-2002)[2]	35.5%

At-Risk Children[1]

Poverty	
Poor children < age 6 (1999)	13.0%
Very poor children < age 6 (1999)	6.6%
Medicaid Eligibility	
Children < age 6 and eligible for Medicaid (2001)	33.1%
Immunization	
Children < age 2 seen in public health clinics who are not fully immunized	10.0%
Birth Risk	
Total number of births	2,301
Nonmarital births	33.1%
Births to mothers who lack high school diplomas	19.4%
Births to mothers < age 18	4.3%
Nonmarital and no diploma	12.5%
Low birthweight	8.2%
Inadequate prenatal care	27.8%

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[1] Except where otherwise noted, all data are for 2000.

[2] The number of children in 4K is based on the first forty-five days of the 2001-2002 school year. This number does not include Head Start or private 4K. The denominator for the percentage of all children enrolled in 4K is from the 2000 Decennial Census.

First Steps Strategies in York County Based on PERs

4K
- Half Day
- Full Day
- Other

Summer Readiness
- Any Program

Child Care
- Quality Enhancement Grants
- ✓ Caregiver Training
- ✓ Scholarships
- ✓ Other

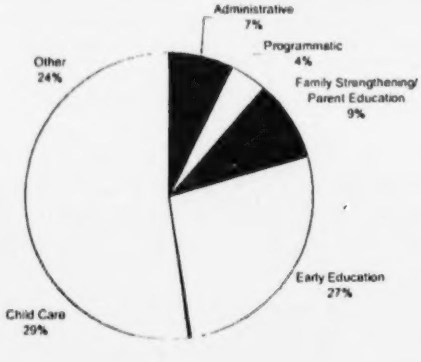
Family Strengthening
- ✓ Parents as Teachers
- Parent Child Home
- Family Literacy
- ESL
- Other or Multiple Strategies

Health
- Postpartum Home Visits
- Other Strategies

Other
- ✓ Transportation
- Public Awareness
- Library Program
- Other Strategies

Fiscal Information

Out of total spending of $858,233, the York County Partnership spent 29 percent on child care strategies. The Partnership spent 14 percent of its state allocation on administrative functions (a figure that differs from the percent labeled "administrative" in the pie chart, which includes all administrative spending as a share of total county spending). The Partnership met its match requirement. The Partnership spent $64 per child ages zero to five residing in the county or $500 per child living in poor county families.



Program Profiles

Child Care

Child Care Scholarships

Number of grantees. Child care scholarships were awarded for 30 children.

Caregiver Training

Start date. First Steps funds were used to provide CPR training sessions, beginning in December 2001. ***Number of sessions***. The CPR and First Aid training program was a one day training session. ***Attendance***. Seventy-one child care employees each completed the training. ***Key activities***. Certified instructors provided one day (five hour) training sessions 14 times during the fiscal year.

Employee Background Checks

Start Date. York County First Steps carried out background checks of new child care employees in order to help child care providers fulfill licensing regulations. This began in March 2002. ***Number of background checks.*** Eighty-five background checks have been completed. ***Key activities.*** A First Steps administrative assistant conducted SLED/FBI background and child abuse registry checks for no fee for child care providers. Each child care employee should receive one background check.

Family Strengthening

Parents as Teachers

Extended or new program? York County used First Steps funds to extend four existing Parents as Teachers (PAT) programs by hiring one additional parent educator in each of three school districts, and by extending two existing parent educators from part-time to full-time in a fourth district. ***Start date***. Programs began seeing families between October 2001 and January 2002. ***Number of families***. There were 101 families who participated across the four programs. ***Population served***. Programs were open to all parents who wished to enroll. ***Key activities***. In each program, parent educators conducted two home visits per month with each family; two group meetings with parents were held monthly; a toy lending library was made available; developmental screenings were conducted; and referrals were made to community resources as needed. ***Next Steps***. One district is trying to address transportation issues through collaboration with the Council on Aging. One district notes the need to evaluate the program next year, to obtain additional training for staff, and to have the supervisor go on more home visits; another notes the need to increase Hispanic translation services.

Other

Transportation

Start date. York County's Transportation program began in May 2002, near the end of the fiscal year. ***Number of rides.*** Four families each received one or more rides; a total of six round-trip rides were provided. ***Population served.*** Transportation services were available to uninsured, non-Medicaid eligible families with children from birth to age six. ***Key activities.*** Eighteen drivers and one transportation coordinator took a defensive driving course, first aid training, and 12 hours of unspecified additional training in order to offer transportation services.

County Highlights and Looking Toward the Future

According to York County's Executive Director, implementing the child care strategy was a major accomplishment. The County Partnership also held several community events that provided information on services, school readiness, and family strengthening. In the future, the County Partnership would like to provide early childhood educators with more training opportunities. They would also like to implement a health strategy, with a particular focus on dental care for children.

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